V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12310
County alle gary	N CORPORATE LIMITA Registration Dist. No.
Village or City Cumberland	No. Allegany Hospital St. 4 Ward
(If	death occurred in a hospital of institution of sive its NAME instead of street and number) 25 ds. How long in U.S. if of foreign birth?yrsmosds.
Length of residence in city or town where death occurredyrs,mos	as. now long in 0.5, it of foreign birth:
2. FULL NAME Derlie Undren	is a land of
(a) Residence: No. (Usual place of abode)	St., Ward. Ward It honresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Female It hite Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I stended deceased from
6. DATE OF BIRTH (month, day, and year) april 26-1865	1 last saw h 2 alive on M2 R L 2, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 20 C.m.
66 10 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, Tousework)	Kollilhous
kind of work done, as SPINNER, Housework) SAWFER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and year) A boundary and spent in this conupation (4.0 4)	4.
12, BIRTHPLACE (city or town) Pelmy Ja	Dther Cuntributory Causes of importance:
(State or country)	-
13. NAME Stephen J. Undrews	(°) Q
14. BIRTHPLACE (cit) or townstancek, md.	Name of operation Date of Manual Date of Manual Control Date of Manu
(clase of country)	What test confirmed diagnosis? Was there an autopsylven
15. MAIDEN NAME Caroline Edelman	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sermany (State or country)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Honorack, Mas.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Warfords fungotie 7/15, 19. 80	Nature of injury
10 more The orders and and and	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	If so, specify
mountained 13 1032 Harvey HT 18ers	(Signed) (Signed) Multiple (Signed)
20. FILED Registrar.	(Address) July Excluding
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find, out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-7	Example II	and the same of th
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis PR 6 1949	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUETAUVS	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

1. PLACE OF DEATH

(a) Residence: No.

County

2. FULL NAME

3. SEX

MALE

ALLEGANY

Length of residence in city or town where death occurred___

4. COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

Village or City CUMBERLAND

MARRIED 5a. If married, widowed, or divorced HUSBAND of BINDIA COLLINS (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) certificate 7. AGE Months Days If LESS than to have occurred on the date steted above, a8:00A m FOR 45 or min. 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _. instructions 12. BIRTHPLACE (city or town) PENNS (State or country) JOSEPH BAKER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ MOTHER 15. MAIDEN NAME MAGDALENE important. 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ [9___ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?____ Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) Manner of injury SE mation TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar.

MARYLAND (Usual place of abode)

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) ERTIFY, That I attended deceased from Date of onset an autopsy? (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

21. DATE OF DEATH

March

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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' In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 granulari di Angabadi			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

N.B.

PLACE OF DEATH	STATE OF MARYLAND
County allegans	CERTIFICATE OF DEATH
9000	Registration Dist. No.
Village or City Ochhart (No. Mahona 2FULL NAME Clara !	3 And St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH Meh /6 , 1932 (Month) (Day) (Year)
6 DATE OF BIRTH (Let 11, 1880)	17 HEREBY CERTIFY, That Pottended the declared from
7 AGE (Month) (Day) (Year) 7 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Tobar mumonia
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributor W Lucy Ce Secondary
10 NAME OF FATHER Smith	(Signed) (A Control of Mary M. D. M.
OF FATHER Z (State or country) 12 MAIDEN NAME Z 12 MAIDEN NAME	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsds. United by Stateyrsds. Where was disease contracted,
(Informant) James Barres	if not at place of death? Former or usual residence.
(Address) Echhart	It Michaels um Meh 18, 132
Filed 2/17 1982 DEW M Come Registrar	Durst Fristling
if more blanks are needed, address State Registrate	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

16000

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH; gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womthat fact may be indicated thus; Farmer (rewithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "(E::haustion," "Heart Iallure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; American Medical Association.) approved Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of by Committee on Nomenclature or intercurrent) affection need not be etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3

if more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully emlaborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked ou may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material without more precise specification as Doy For persons who have no occupation Stotionary firemon, etc. But in many As examples: (o)

EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n. ture of the injury, · American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); Mcasles, inges, perilonaeum, etc., Corcinoma, Sarcoma, etc. of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway troin-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature of the

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Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

No. 1	
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vi.	
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1. PLACE OF DEATH	(131)	2
County allegany	Registration Dist. No.	
Village or City Daiton, And	No. St., f death occurred in a hospital or institution, give its NAME instead of streehand number	W:
		2.8
2. FULL NAME / Land Warnish Bai	thelow	
(a) Residence: No. Barton and	St Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	5
Temple White mured	(Month) (Day) (Year
a. If married, widowed, or divorced HUSBAND of		- 100
(or) WIFE of Lenny Barthlow	22. THE REBY CERTIFY That I attended decea	sed I
19 101 4		9-
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	2 150	in is
/ 3/ / 7 / 1day,hrs.	to have occurred on the date stated above, at 2:17-10 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	wore se follows:	ofo
kind of work dona, as SPINNER, Sawyer, BOOKKEEPER, etc.	Broncho-Premones - 2	1
9. Industry or business in which	Broncho-Vneumoura Z	·
SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this coveraging (month and this coveraging (month and the second in the second i	(\f.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	2,	
es +d	Other Contributory Causes of Importance:	
(State or country)	niphrilis classic	
13. NAME Silar Warnik		
	Cw.F.R.	
(State or country)	Name of operation Oate of	
	What test confirmed diagnosis? Was there an autops	y?
15. MAIDEN NAME martha Fragenbaker	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Carrest County (State or country)	Accident, suicide, or homicida? Data of injury,	19
Colore of Country)	Where did injury occur?(Specify city or town, county and State)	
7. INFORMANY III and galled and adold	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL CREMATION OB REMOVAL	Manner of injury	
Place mare man. 20, 1932	Natura of injury	50
9. UNDERTAKER David S. Boal	24. Was disease or Injury In any way related to occupation of deceased?	
(Addiess) Barton Bry	If so, specify	
20, FILED Mar 18 19 S. a. Bruchen	(Signed) 2. Don Jon	N
o, meno-service, to service Teleform	0 11	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegary	CORFORATE LIMITS Registration Dist. No. 4
Village or City white that and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of steet and number)
Length of residence in city or town where deeth occurredyrsmos	
2. FULL NAME Sarah (a B)	aman).
(a) Residence: No. 7 U. R. Benle	St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR BUILD Carrie tho word Whate	21. DATE OF DEATH Month (Bay) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of TEMPY & Bergman	Fish 27, 182, 10 Much 4, 1932
6. DATE OF BIRTH (month, day, en year)	I last saw hER alive on Feb 27, 1932 death is said
7. AGE Years Months Days tf LESS than 1 day hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-
- Into occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Thomas farenshymolous
	- magnintis
13. NAME Noale Tong 14. BIRTHPLACE (city or town)	
[14. BIRTHPLACE (city or town) (State or country)	Neme ef operation Date of
W 15. MAIDEN NAME MOALL & Ladge	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mary & Lodge or 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
Stete or couplry)	Where did injury occur?
17. INFORMANT Herry & Borgman (Address)	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OKARAOVA	Manner of injury
Place . Place . T. 193.1	Nature of injury
19, UNDERTAKER Fours Men due	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Cumbral and and	If so, specify
20, FILED Mch 7, 1932 Harvey H. Weis	(Signed) M. D
Registrar.	(Address) 67 A-Cannof D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimofe, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. W. B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(T)
County allegany	Registration Dist. No.
Village Dr City Fastlung	No. Munus Y Stual St., Ward death occurred in a hospital or institution, give its NAME instead of street and namber)
	ds. How long in U.S. if ol loreign birth?yrsmosds.
2. FULL NAME Edward Bevaus	
(a) Residence: No. 1546. Joo (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Warned	21. DATE OF DEATH 3 / (193 2 (Year))
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Sollie Reckley Berans	22. I REREBY CERTIFY, Tal attended deceased from
6. DATE OF BIRTH (month, day, and year) July 25 1892	I last saw h_m alive on 3/3// 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.2 5-12 m.
39 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prolession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Abscess of Brain right
9. Industry or business in which	fall.
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Frostlying	Dither Contributory Causes ol importance:
(State or country)	
II 13. NAME Aquel OSeraus	
13. NAME Aquel OBerous 14. BIRTHPLACE (city or town) Wales (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OVanniel (Richards	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marriel Pichards 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Wales	Where did injury occur?
17. INFORMANT Mis Edward Bevous	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1548. 300	Market Alakan
Place allegany Empate yor 3rd 193)	Manner of Injury
19. UNDERTAKER Jagol Hafer:	24. Was disease or injury in any way related to occupation ol deceased?
(Address) (A Troothering 140)	If so, specify
20. FILED 2.19.32 Registrar.	(Signed) // Lange M. D. (Address) Langelling m. 9
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUFYAU V.S.	· .		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Win 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

193.2

That I attended deceased from

(Year)

Date of onset

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	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	,J		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PERMANENT RECORD. Every item of infor-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS

FOR BINDIN

MARGIN RESERVED

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH 02308
1. PLACE OF DEATH		Posistration Diet No. 4
County Allegany		Registration Dist. No. 4
Village or City Cumber	land, WITH	No. Manual to pt. St., 6 - War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	death occurredyrs,n	nosds. How long in U.S. if of foreign birth?yrs mos
2. FULL NAME Robert	L. Bobo	
(a) Residence: No. Ridge	ley. W. Va. (Usual place of abode)	St., Ward. If uonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March 6, 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Angeline H	alterman Bobo	22. I HEREBY CERTIFY, That I attanded daceased from 1932 to May 6 193:
6. DATE OF BIRTH (month, day, and year)	une 12. 1863	I last saw h aliva on Mar 6, 19.3 Z; daath is sa
7. AGE Yaars Months	Days If LESS than	A AF D N
68 8	23 1 day,h	
8. Trada, profession, or particular kind of work dona. es SPINNER.		Caremana 7
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, atc	Grocer	Stowach 1991
SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		
O 10. Date deceased last worked at	11. Total time (yaars)	
o this occupation (month end year)	spant in this occupetion	
12. BIRTHPLACE (city or town) W V	ra .	Other Coutributory Causes of Importance:
(State or country)		
13. NAME Jesse Bobo	(Deceased)	
14. BIRTHPLACE (city or town)	I. Va	Name of operation Salva Internationary Date of 24
1 (State of Country)		What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Rachel	Caldwell (Deces	LS Dal daath was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	i. Va.	Accident, suicide, or homicide? Date of injury, 19
≤ (Stete or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Memorial (Address) Cumberl	Hospital	Spacify whathar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE 100 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mar.9.1932	Manner of injury
19. UNDERTAKER John . C . Wol Cumber (Addrass)	ford rland ad	24. Wes diseese or injury in any way related to occupation of dacassad? "No
20. FILED Mah. 7, 1932. k	tarvey H.Wer	(Signed) Cumberland, m.d. M.
7.0	Registrar.	" (noulass)

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Cerebral bemorrhage		Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Constant			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6.	60	0	-0	1
11	1.	3	1	1
V	-	V	3	1

County Village or C	Allegan Cumbe	rland. Mo	1	No. 121. Offett St	st. 6 - 3 War
	dence in city or town when Inf W	re death occurred	(16 yrs,mos 300 14 e	death occurred in a hospital or institution, give its NAME instead of the death of	of street and number)
(a) Residen	ce: No. Cumbe	rland. Mc		St., Ward. If nonresident give city	or town and State
PERSON	IAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	EATH
a. SEX	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Mar 5	1.1932 , 193
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	• •		22. I HEREBY CERTIFY, That Mch. 31 1932 to Mch	I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Mar 31.1932		Hast saw him alive on Mch. 31, 1932	19 : death is se		
7. AGE Yes	Months • •	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, all 1:30 mA The PRINCIPAL CAUSE OF DEATH end related causes of importance as follows:	
8 Trade profession or particular				Cerrebral compression	
work was	business in which s done, as SILK MILL, .L, BANK, etc				
10. Date deceas	ed tast worked at pation (month and		me (years) it in this pation		
12. BIRTHPLACE (ci	ty or town)	Md		Other Contributory Causes of importance: Protracted Labour	
13. NAME	Wilbert B	oone			
	(city or town)			Name of operation Date of What test confirmed diagnosis? Was there an	
	ME Vera. (city or town) country)	. V.Arrir		23. If death was due to external causes (VIOLENCE) fill in also a Accident, suicide, or homicide? Dete of In Where did injury occur?	
17. INFORMANT (Address)	Wilbert Cumberle			(Specify city or town, cor Specify whether injury occurred in INDUSTRY, in HOME, or in	unty and State) PUBLIC PLACE.
18. BURIAL, CREMAT	ion, or REMOVAL 11. Crest	Date Appri	11.1.1932	Manner of Injury	
19. UNDERTAKER (Address)	John.C.W Cumber	olford Land. Id		24. Was disease or Injury in any way related to occupation of d	
20. FILED Ric	11 1972 Ha	may this	Registrar.	(Signed) (Address) James Company	P Mul M.

Snyder

PHYSICIANS should state

stated ENACTLY. properly classified. E

AGE should be

RESERVED

CAUSE OF DEATH in plain terms, so that it may be

emation should be carefully supplied.

of OCCUPA.

Exact statement

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BUREAU V. B.

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Other contributory causes of importance:	٦. الله	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDI

V. S. No. 1

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	I. PLACE OF DEATH	l'a
200	County Allegary	Registration Dist. No. 12
	Village or City Andlashd (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? yrs mos ds.
1	2. FULL NAME (Sparinda Osime	egas.
	(a) Residence: No. Maland (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	Genale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Angle Businegas	22. I HEREBY CERTIFY, That I attended deceased from 1932, to much 6th, 1932
6.	DATE OF BIRTH (month, day, and year) 200, 18, 1866	I last saw h. al alive on march 6th , 1932; death is said
7.	AGE Years Months Days / If LESS than / 1 day,hrs.	to heve occurred on the date stated above, at 8:40. Fa. m
	63 3 /8 formin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	3/1/32
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
000	10. Date deceased last worked at this occupation (month and spant in this	
12.	BIRTHPLACE (city or town) (State or country)	Definition of the Desire Desir
ER	13. NAME William Marght	
FATHER	14. BIRTHPLACE (city or town) West Originals	Name of operation
	(State or country)	What test confirmed diagnosis? Was there en aulopsy?
HER	15. MAIDEN NAME Janes	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOT	16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of injury, 19
_	(State or country) West Junguns	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT A STRUCK TO SUPERGIAL (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAD	Manner of injury
	Place allegany Consterpate Mary 1932	Nature of Injury
19	UNDERTAKER DE Cighalyonia (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20,	FILED Man. 7, 1952 P.J. Sleken Registrar.	(Signed) M. M. D. (Address) M. D.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	And Street		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			dest. A

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS stould state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
G a Cla	Registration Dist. No. 12
Village or City Mullaud (No. Par 2FULL NAME bora Campb	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 28th, 1982 (Month) (Day) (Year)
6 DATE OF BIRTH Obil 2/24, 1881	17 I HEREBY CERTIFY, That I attended the deceased from March 1991 to hand 28, 1932
(Month) (Day) (Year) 7 AGE If LESS than day, hrs. ds. or min.	and that death occurred on the data stated above, at 8.15A m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Permy Wallia	Contributory Crebral apolety Secondary (Duretion) (Duretion) (Duretion) (Duretion) (Duretion) (Duretion)
10 NAME OF JOWN. Saucaster 11 BIRTHPLACE OF FATHER	(Signed) M. Dawbernight M. D. mauh 28 1902 (Address) milland. md
Z (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Muyland	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Flew Campbell	Where was disease contracted, if not at place of death? Former or usual residence
(Address) midland Ind	St. Patricks M. Jany much 3 12, 132
15 Filed Mar. 21 19232 P. Staken	20 UNDERTAKER ADDRESS Freeling hed
V V	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from er," etc., Without more proving a factorial mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Load in the duties of the additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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MARGIN RESERVE

PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. STATE OF MARYLAND-CERTIFICATE OF DEATH 02314

1.	PLACE 0		130-1-			(131)		6	
	County	Alle	gany			The same of the sa	Registration [Dist. No.	
	Village or	City	McCool			death occurred in a hospital or institut	ion eive its NAME	St.,	
	Length of res	idence in ci	ity or town where	death occurred		ds. How long in U.S. if of			
•	. FULL NA		Helen Ca						
2		MAIR"				Ot Word			
	(a) Reside	nce: No		(Usual place		St.,Ward.	If nonresident	give city or town a	nd State
	PERSO	VAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
3. S	ex Temale		or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	March (Month)	30 (Day)	, 193 2 (Year)
5a.	If married, wido	wed, or dive	orced						
	HUSBANO of (or) WtFE of		N/C-51701			22. I HEREBY			
6. I	ATE OF BIRTH	(month. da	v. and year) A	pril 16,	1930	t tast saw h alive on		, 19	; death is said
7. A		ars	Months 9	Days	If LESS than 1 day, hrs. or min.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEAT, were as follows:			10.1
7	8. Trade, prof	ession, or p	articular		1 01	were as ronows.			Oate of onset
9	kind of SAWYE	work done, R, BOOKKEI	, as SPINNER, EPER, etc	None		D. B. Shor	·e		
OCCUPATION	9. Industry or work w	business in as done, as	n which SILK MILL, etc			First Aid			
2				11 Total t	ima (vasre)	Scalded - fell			
ŏ	10. Oate doceased last worked at this occupation (month end year)				water. Accid	ental			
12.	BIRTHPLACE (d	ity or town)	McCc			Other Contributory Causes of Impo			
2	(Stata or co		nrico Car	rhone					
FATHER	13. NAME	also de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela com	11100 003	COLIG					
FAT	14. BIRTHPLAC	E (city or to country)	own)	Italy		Name of oparation			
œ	15. MAIDEN N		Antona 1			What test confirmed diagnosis? 23. If death was due to external cau			
MOTHER	16. BIRTHPLAC		own)T			Accident, suicide, or homicide? Where did Injury occur?			
17.	INFORMANT		ico Carbo			Specify whether injury occurred in	(Specify city or	town, county and S ME, or in PUBLIC	PLACE.
18.	18. BURIAL, CREMATION, OR REMOVAKeyser, W. Va. Placa St. Thomas Date Mar. 31, 19 32				Menner of injury				
19.	19. WNDERTAKER M. L. Pogers, (Address) Keyser, W. Va.				24. Wes disease or injury in any w	ay related to occupa	ation of deceesed?		
20.	FILED. Mar	. 31	19 32 A.J.	.Fazenbak	6 P Registrar.	(Signed) (Address)	Was	Lucys	The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephrites .	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Barton (No.	St: Ward) (If death occurred in e hospital or institution, give its NAME it stead of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Musch 13, 1922 (Month) (Day) (Year)
6 DATE OF BIRTH May 13 (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than I day hrs. day or min.?	and that death occurred on the date stated above, atm
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 1 10 NAME OF	(Duration) yrs, mos da Contributory Secondary (Duration) yrs, mos da
FATHER James Clark	(Signed) M. D. Bastra
OF FATHER Z (State or country) Many Cun 1	*State the Discase Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother alma Stilly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted, if not at place of death?
(Informant) Olyna K. Clark	Former or usual residence
(Informant) Mua M. Carlon (Address) Barbon	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 13, 1932
Filed Mar 14 1982 A. A. Bouchen	20 UNDERTAKER ADDRESS
If more bianks are needed, address State Registra	r, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook-Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, nature of the business or industry, and therefore an Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re) household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer report specifically the occupations of persons en first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) For many occupations a single word or term on Farm laborer, Luborer-Coal mine, etc. Womman, (b) Automobile factory. The material For persons who have no occupation Sidionary fireman, etc. But in many

Strement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential and must be obtained before the certificate is permanently filed.

pered in detail, it will prevent further correspondence.

All the

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CAmerican Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head—homicide; Poisoned by Edrbolle acid—probably suicide. The n ture of the injury. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," ctc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonihis," etc. diseases resulting from childbirth or miscarriage as Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease If this certificate is looked over thoroughly and a l qu stions "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic etc. The contributory affection valvular heart need disease; not be etc. , 01

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. V. S. No. 1

1. PLACE OF DEATH WITHIN	CHPOHATEURITS	ERTIFICATE OF DEATH (2316		
CountyALLEGANY		Registration Dist. No.		
		I AINOHOSPITAI. death occurred in a hospital or institution, give its NAME instead of street and number) I O ds. How long in U.S. If of foreign birth?		
2. FULL NAME CLAY, BABY	GTRI. (AM MINI	OD DIDMI W MONOITO		
(a) Residence: No. 208 THIRD		OF BIRTH 7 MONTHS) SOUMBERHAND, MD of nonresident give city or town and State		
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. S FEMALE SHITE	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH MARCH 28 1932 (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of		22. MI HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) MAR	CH T8.T932	I last saw h_2\(\text{alive on } \text{May },		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5:30 mA • M •		
IO DAYS	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade profession or particular	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date of onset		
SAWYER, BOOKKEEPER, etc.		Proncho. Jusumano		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
3 10. Date deceased last worked at	11. Total time (years)			
this occupation (month and year)	spant in this occupation			
12. BIRTHPLACE (city or town) MARYLAND (State or country))	Other Contributory Causes of importance:		
L 13. NAME				
14. BIRTHPLACE (city or town) (State or country)		Name of operation		
15. MAIDEN NAME CATHERINE	CLAY	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	1N-D	Accident, suicide, or homicide?		
17. INFORMANT MEMORIAL HOSE (Address) CUMBERLAND.MI		Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	\(\)	Manner of injury		
John Hallicks Come De	nte Man 25,1932	Nature of Injury		
19. UNDERTAKER (Address)	The Soul	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 101 28 , 1932/ Jan	m (M) Registrar.	(Signed) (Addiess) 2.44 Vergenned Comp		
SYMOTTE OF ANTCH If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
#U5-%AU V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WITHIN CORPORATE STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH ALLEGANY should County Registration Dist. No. Village or City_CUMBERLAND, MD. PHYSICIAMS Length of residence In city or town where death occurred. Every statement 2. FULL NAME RECORD. UMBERLAND, MDWard If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. FEMALE WHITE OR DIVORCED (write the word) PERMANENT (Dey) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of RTIFY. That I attended deceased from (or) WIFE of × OCT.II, 1902 6. DATE OF BIRTH (month, day, end year) certificate. 7. AGE If LESS than proper Years Months Devs to heve occurred on the date steted above, at ... 5 .. 45 ... mA? M. 5 1 dayhrs. 19 The PRINCIPAL CAUSE OF DEATH and related causes of Importance 10 or____min. Data of onset 8. Trede, profession, or particular HIS OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. be Jo NONE 9. Industry or business in which may back pluods work was done, as SILK MILL, SAW MILL, BANK, etc..... IO. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent in this that AGE occupation _____ instructions Other Contributory Causes of importance: 80 12. BIRTHPLACE (city or town). (State or country) supplied. FATHER CLWY 13. NAME ANTHONY VIRGINIA WEST See 14. BIRTHPLACE (city or town) ain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy? in pl MARY POTTS MOTHER 15. MAIDEN NAME important. 23. If deeth was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Data of Injury___ 16. BIRTHPLACE (city or town DEATH (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT __ very plnods CUMBERLAND . MD . (Address) OF 18. BURIAL, CREMATION Manner of injury 田 mation CAUSI Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. DRS.LANICH &c D)ORRESIU If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIA

FOR

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MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-IS A PERMANENT MARGIN RESERVED FOR BINDIN WITH UNFADING INK-THIS AGE should be carefully supplied.

B.-WRITE

te te		CERTIFICATE OF DEATH (12318		
state UPA.	1. PLACE OF DEATH County Cooperate Limits of	(163)		
OCCI	County allegany LIMITE OF	Registration Dist. No.		
.23	Village or City Frankling	No. 99 ht. Planacet St. 32 Ward		
0	(If Length of residence In city or town where death occurred yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds,		
PHYSICIANS act statement	0 10 10	P D		
ten	2. FULL NAME Claymond Joseph	Golgan.		
YS	(a) Residence: No. (Usual place of abode)	St., 3 2 Ward. If nonresident give city or town and State		
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Y. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		
	male White Midowed	(Month) (Oay) (Year)		
C T iffed	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from		
A	(Or) WIFE OF Chuth Derbler Golgan	May 21 1932 to may 20 1932		
	6. DATE OF BIRTH (month, day, and year) Fel 4 1897	I last saw harm alive on mal 20 , 19 3 7 death is said		
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:15 74-m.		
stated E properly certificate	35 1 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
	Trade, profession, or particular kind of work done, as SPINNER, Curer in Re Alberta.	Date of onset		
be v of		aut Toxus Nephrilis 3-193:		
should it may n back	9. Industry or business in which work was done, as SILK MILL, Lie Company.			
sh it in	O 10. Oate deceased last worked at 11. Total time (years)			
	this occupation (month and large spent in this year) spent in this occupation il year			
oplied. AGI erms, so tha instructions	12, BIRTHPLACE (city or town) Eclabart	Other Coatributory Causes of Importance:		
s, s	(State or country) Tud			
ppli erm inst	13. NAME Thomas a. Colgan			
efully supplied in plain terms, int. See instru	14. BIRTHPLACE (city or town) Jonaco (City or country)	Name of operation Oate of		
lly olai S	(State or country)	What test confirmed diagnosis? Was there an autopsy?		
be carefully EATH in plai important.	15. MAIDEN NAME Natherine Orady.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
ATH nports		Accident, suicide, or homicide? Such all Oate of injury May 19, 1932		
- 0	(State or country)	Where did injury occur?(Specify city or town, county and State)		
mation should be CAUSE OF DEA TION is very im	17. INFORMANT That a Colgan (Address) 99 Wt. Pleasant St.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
ok OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Buchlande of Merens		
SE SE	Place St. Wichaels Date March 28, 1932	Nature of injury		
mation s CAUSE TION is	waller . A	24. Was disease or injury in any way related to occupation of deceased?		
HOH	19. UNDERTAKER (Address) 2 Frostura W.	If so, specify		
	20, FILED 26, 1932, OTM, OM Lane	(Signed) M.D. M.D.		
	Registrar.	(Address) Frasthing/ma		
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Allerioscierosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02319
1. PLACE OF DEATH	Tora
County allegany	Registration Dist. No. 7
Village or City Coflos	No. St., / Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) a. ds. How long In U.S. if of foreign birth?
2. FULL NAME Rae Courad	
(a) Residence: No. Carlos.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended daceased from
(or) WIFE of Saly	-mar 13, 1932 to mar 13, 1932
S. DATE OF BIRTH (month, day, and year) Nov 4 , 1929	I last saw harmalive on Mal 13, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et &m.
2 4 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc.	(Sconers of reumania mais
work wes done, es SILK MILL, SAW MILL, BANK, atc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) oscupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Frestlung	
(Stete or country)	_
13. NAME alexander bound 14. BIRTHPLACE (city or town) Midlothian	
14. BIRTHPLACE (city or town) Midlettian	Name of operation
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Jola Margan	23. II deeth was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Called (Stata or country)	Accident, suicide, or homicide?, Dete of injury, 19
Colate of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Cleanage Courage (Addrass)	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegany to em Data Mar 15, 193	Nature of injury
19. UNDERTAKER Jacob Haler	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) (Frostfung of Tust.	If so, specify
	(Signed) AM (M. 9)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example EIVED	3	Example II	5 0 7
The principal cause of death and related causes of importance were as follows PR 4 1932 Arteriosclerosis	Date of onset	The principal eause of death and related causes of importance were as follows: Allack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis URI AU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory eauses of importance: Gastroenteritis	1 year

TATE	OF	MADVI	ANID	CEDTI	FICATI	- 05	DE	
DIAIL	UF	MARYL	ANU	CERII	FICATI	- Ur	ULF	1 I H

1.	6,	9	9	0	
U	L	U	1-	U	

1. PLACE OF DEATH			REGISTRATION DIST. No.
County Allegany		WITHIN CO	Registration Dist. No.
Village or City Cumber Is	tid. Ma		No. Ward
Length of residence in city or town where	death occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ann	a M.Co	ook.	
(a) Residence: Np. 433 Bonc	4 1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	St. 3 Ward.
(d) Nesidence. His.	(Usual place o	abode)	If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White.	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Mer 13th.1932
5a. If married, widowed, or divorced			(Month) (Day) (Year)
HUSBAND of 1'A OT'LCR. O. C	Sook		1 HEREBY CERTIFY. That I attended deceased from 132, to much 13, 1935
6. DATE OF BIRTH (month, day, and year)	July	31.1851	I last saw hu alive on Mar 1 3 - , 1932; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at
70 7	13	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	A+ 1	Home	Chrimic and and
9. Industry or business in which		101115	my carvilis - Brown Caugusalin
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and	11. Total tin	ne (years) in this	
year)	occut	oation	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	*****	Vya	Broken Campunsalran
13. NAME John R. Grin	000		
	Va		Neme of operation Date of
(State or country)			What test confirmed diagnosis? Alumanalum Was there an autopsy? MV
15. MAIDEN NAME , Dont P	Inow		23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Dont	Know	Accident, suicide, or homicide? Date of injury, 19
(State or country)			Where did injury occur?
17. INFORMANT Benjman.			(Specify cky or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cumberland 18. BURIAL, CREMATION, DR REMOVAL	1. 110		
Place New Burg Wva	Date	.15.1932	Manner of injury
John C We		1-	Nature of injury
19. UNDERTAKER Cumber 1	and, ma.		24. Was disease or injury in any way related to occupation of deceased?
no 015 22 No	men ?	HILLE:	(Signed) Klafelatte M.D.
20. FILEPY CA 1. 2, 19. 7.4.2.T.		Registrar.	(Address) 122-1314 from I Coumbulant
If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Blak

V. S. No. 1 N. B.—V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of of importance were as for	leath and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6-1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is a second of the second of t	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAUVS	July 5,1927	Peritonitis	3 days ago
Other contributory caus	es of importance:	-400 Adapy B	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Allegan	24-0	Registration Dist. Np. 4	
	1 1	11 Q 1 0 22 - A L -	1 14/
Village Dr City_	Man (If death occurred in a hospital or institution, give its NAME instead of street and m	umber)
Length of residence In city or town where dea	ith occurredyrsmo	ds. How long In U.S. if of foreign birth?yrsmos	s
2. FULL NAME	6 ranc		
(a) Residence: No. Alles	ens Con Ho	St., Ward.	
(a) nesidence. No.	(Ujual place of abode)	If nonresident give city or town and	Stale
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH =	4
male Atute	ORODIVORCED (write the word)	(Month) (Day)	193
5e. If married, widowed, or divorced			(1041)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attended d	leceased fr
	1 1	1951, to 5.50.	, 195
6. DATE OF BIRTH (month, day, and year)	1891 Just	1.46-1	; death is s
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1: 22 Cha	
atout 40	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of one
8. Trade, profession, or particular kind of work done, as SPINNER.	1.1		
kind of work done as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	NAME	Joseph	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	mulal		n
	11, Total time (years)	The Poure My Deagle	0
this occupation (month end year)	spant in this occupation		
0	0	Other Contributory Causes of importance:	8
12. BIRTHPLACE (city or town) (State or county)	H	1-000	
II 13. NAME Some Some	mark	- Comment of the comm	
(State or country)	£.	Name of operation Date of	
	2.16.	What test confirmed diagnosis? Wes there an ex	
	morn	23. If death was due to external causes (VIDL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	and.	Accident, suicide, or homicide? Date of Injury	, 19
B1 - 21 /	7	Where did injury occur? (Specify city or town, county and State	()
17. INFORMANT	my	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	CE.
(Address) 18. BURIAL, CREMATIDN, DR REMOVAL	2		
Place allegans Centre	Date akril 5 192.1	Manner of injury	
(1) () () ()	. 6	Nature of injury	
		AA Was discuss as laterally and the first state of the same and the same as th	MA
19. UNDERTAKER AND Sitys	my ne	24. Was disease or Injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	The second	If so, specify (Signed)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	74
Gollstones	Moy 1,1923	Gastroenteritis	1 year

should state RLAIXLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE N.B.

FOR BINDI

MARGIN RESERVED

V. S. No. 1

WITHIN CORPOSTATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Williamy;	Registration Dist. No.
Village or City Combuland (16	No. 35 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Jame & Salla	rd.
(a) Residence: 6. 35 M Au	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE OR DEPARCED (without the word)	21. DATE OF DEATH Man 18 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallson Walland	22. Jan 1 St 1932 to Mar 18 1932
6. DATE OF BIRTH (month, day, and year) And 3/ 1834	Idest saw her alive on see 17, 1932 death is said
7. AGE Years Months Days If LESS than 1 day	to have occurred on the data stated above, at S. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
9 Trade protection or particular	Paucer of laver That In
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BtrthPLACE (city or town) Blans on (State or country)	Other Contributory Causes of importance:
13. NAME francis Donahol	
13. NAME francis donahol 14. BIRTHPLACE (city or town) Brang Cree	Nama af operation Date of
(State or country)	What test confirmed diagnosis? 1000 Was there an autopsy? The
15. MAIDEN NAME DANAME ON THE STATE OF THE S	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?
X (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT trans Wallard. (Address) Combusting.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Sugard Pa Date Mar 21, 1932	Manner of Injury
19. UNDERTAKER homis their Inc. (Address) combined	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDULA 1 , 193 Havey Mrs. Registrar.	(Signed) Cumberland M. D.
76 U. L 11 11 C P	



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Example I			Example II			
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	DAMMENVED	1915 Attack of epilepsy		1 week ago		
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	APR 6 1932	July 5,1927	Pcritonitis	3 days ago		
	LEGITOR ATT V.S.					
Other contributory ca	auses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
		1				

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
THE TAXABLE TO STATE OF THE STA	OX TYPIN	TOIL	T. C. SPERTISE	D T TY T TOTAL TATAL TO	42 1	T IN T DECIMAL

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S. No.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis R 6 1.2	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUP ATT V. S.			
1			
Other contributory causes of importance:	à	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR	Service Contract Contract
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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should County Allegany Registration Dist. No. Village or City_Barton No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward PHYSICIANS Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. If of foreign birth? yrs mos. ds. statement 2. FULL NAME George Davis RECORD. Bar ton (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH March 29. Male OR DIVORCED (write the word) White Marriad (Month) classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1 HEREBY CERTIFY. That I attended deceased from Annie Davis 1862 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than **Oavs** to have occurred on the date stated above, at. stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance unknbwn or .--- min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at on 11. Total time (years) this occupation (month and year) spent in this that 1918 occupation 40 instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) England (State or country) supplied. plain terms. Thomad Davis FATHER 13. NAME 14. BIRTHPLACE (city or town) England Name of operation.... (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER important. 15. MAIOEN NAME unknown 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ 19____ 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?____ (Specify city or town, county and State) Mrs. George Davis Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Addrass) Ranton OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation TION Nature of injury D. S. Boal 24. Was disease or Injury In any way related to occupation of deceased? 19. UNOERTAKER ___ (Address) Barton Md If so, specify _____ Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Oate of onset

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4/5/32

BUREAU VS

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Example I		Example II	55,
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			9

STATE OF MARYLAND—CERTIFICATE OF DEATH

n and State

(Day)

193 2 (Year)

Date of onset

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH	MARTLAND	CERTIFICATE OF DEATH	040
County alleg any		Registration Dist. No.	1
Village or City	•	reduo. St.	War
	1	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence In city or town where death	occurredyrs,mos	ds. How long In U.S. if of foreign birth?m	osd
2. FULL NAME James			
(a) Residence: No. C. Lonu	(Usual place of abost	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white i	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193. 2 (Year)
5a. If married, widowed, or divorced large (or) WIFE of August Care Care Core (or) WIFE of Care Care Care Care Care Care Care Care	dower down	22. I HEREBY CERTIFY. That I attended	deceesed fro
6. DATE OF BIRTH (month, day, and year)	27 1843	I last saw hair alive on hard 13, 19.3 2	-death is sa
7. AGE Years Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	
89	/ 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNED SAWYER, BOOKKEPER, etc	red miner	Brownial arthura	mich 12
J Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	- 1984) Alice is get a	
12. BIRTHPLACE (city or town)	bland	Other Contributory Causes of importance:	
(State or country)	10		
13. NAME 14. BIRTHPLACE Corty or town)	Dunn		
14. BIRTHPLACE (effy or town)	ittand	Name of operation Date of	
œ	ne Kanaia	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town) (State or country)	X Can N	23. If deeth was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	-27
(State or country)		Where did injury occur?	
17. INFORMANT MM. Geo. (Address) Longe	groves and	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	i) ICE.
18. BURIAL, CREMATION, OR REMOVAL	24	Manner of Injury	
Place ald Confy Commenting	atoll with 7, 19.32	Nature of injury	
19. UNDERTAKER M. Longe (Address)	hhorn and	24. Was disease or injury in any way related to occupation of deceased?	1-
20. FILED 3/16 , 193 2 2.	Don Toporui	(Signed)	M.

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year
			0.00.00

V. S. No. 1

1. PLACE OF DEATH HIN CORPORATE LIMITS	(2327
County allegury	Registration Dist. No.
Village or City frambulan & marshand	No. 6 42 M. Mardawi St. 2 Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? Language yesmosds.
	ds. How long in 0.3. If of foleign bilting syrs
2. FULL NAME CHANGES AT NOW	LL
(a) Residence: No. 642 N Mulesans (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while made (write the word)	(Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of Ella, Hedow	22. HEREBY CERTIFY. That I attended deceased from
P. 14 1821	Characte 913 .00
6. DATE OF BIRTH (month, day, and year) fund 14 1854 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at G'30 Pm.
7 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	vere as follows: Date of onset
kind of work done, as SPINNER, Word Contractor	hkortate
kind of work done, as SPINNER, Mod Contractor SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at	
SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) year)	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	B. 10.10
	1702
E TONG CHUNCH	Change lent the protete 1971
14. BIRTHPLACE (city or fown) (State or country)	Name of operation Date of Tol
W 15. MAIDEN NAME / DANS BOLLEN	What test confirmed diagnosis? Was there an autopsy?
I Joseph Market	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
P-LAND Describe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Cychara finally (Address) four level and made	open, mistre mijer, securice in miscociar, in nome, of in obelo lende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place class a Man U 4 Date Mar 26, 1932	Nature of injury
19. UNDERTAKER Planis aline Lone	24. Was disease or injury in any way related to occupation of deceased? Rec
(Address) an hell and maryland	If so, specify
20. FILEOfler 25, 1932 Harray Mil	(Signed) M. D.
C Registrar.	(Address) Cumbelland, Mad,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DALD AVI ALD			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0.5

BIND

RESERVED

MARGIN

S. No. 1

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			•
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NENT RECORD WRITE PLAIN WITH UNFADING INK-THIS IS A PER.

PLACE OF DEATH WITHIN CORPORATE LIMITE OF	STATE OF MARYLAND GERTIFICATE OF DEATH
County Clarity 12	Registration Dist. No.
2FULL NAME A CALLETTE	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 2
6 DATE OF BIRTH 9 14 , 185	17/1 HEREBY CERTIFY, That Lattended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than day hrs. ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yts mos ds.
9 BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Duration) yrs (1 mos / Zds.
10 NAME OF FATHER U) 11 BIRTHPLACE OF FATHER	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address) PS 2 DAOM Came Registrar	Portero 6 cm. Echan My Cyst. 3rd, 1983 2 20 UNDERTAKER PADDRESS
	s, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (o) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an tired 6 yrs). definite salary), may be entered as Housewife, Houseloborer, Form loborer, Loborer—Coor mine, ever the en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Form loborer, Loborer-Cool mine, etc. Wom-(b) Cotton mill; (a) Solesman. without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) Chronic etc. The contributory valvular heart disease; affection need Nomenclature of the Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foremun, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. enpation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid phenmonia"); Typhoid fever (never report "Typhoid phenmonia"); Lobar phenmonia, Bronchopneumonia ("Puenmonia, "

...... (name origin; "Cancer" is less definite; avoid use of "Tumor satt malignant neoplasms); Measles; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT REATIFS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), Mo ds. causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping consults Chronic valvular heart disease; "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Struck by railway The na-(merely (second-(disease

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT REC

S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village Dr City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______yrs. ____mos. ____ds. PHYSICIANS Length of residence in city or town where death occurred Every statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of × H certificate. 6. DATE OF BIRTH (month, day, and year) properly Months If LESS than 7. AGE Days to have occurred on the date stated above, at ___. 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Oate deceased last worked at no 11. Total time (years) this occupation (month and spant in this that occupation ___ instructions Other Contributory Canses of importance: 89 12. BIRTHPLACE (city or town) (State or country) terms, HER I3. NAME See FAT 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (ViOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Oate of injury______ 19_____ OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods very 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury WRITE CAUSE Date. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify m Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dea of importance were as foll		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	APR 6 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BURTAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

GERMANY

HUSPITAL

16. BIRTHPLACE (city or town).

17. INFORMANT

19. UNDERTAKER

(Address) 18. BURIAL, CREMATION

(Address) 20. FILED Med

very OF

CAUSE TION

S. Mo.

(State or country)

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	How long In U.S. if of foreign birth?		môsd
	St., Ward.	lent give city or town	and State
-	MEDICAL CERTIFICA		
-		2.0	
	21. DATE OF DEATH (Month)	20 (Day)	, 1932 (Year)
	22. A I HEREBY CERTI	FM. That I atten	ded_deceased fro
	Jan. HEREBY CERTI	march	20 1952
	Clast saw h com alive on Preserve	h 19 ,19 5	32 death is sa
	to have occurred on the date stated above, at	C A	
s.	The PRINCIPAL CAUSE OF DEATH and related c		
_	were as follows liabelin		Dataolona
	eliabetis		1928
~ ~ ~			
	Dther Contributory Causes of importance:		
	Muema		193
	Name of operation Rose	Date o	
	What test confirmed diagnosis?		
			an autopsy? 2
_	23. If death was due to external causes (VIDLENCE) fill in also the follow	wing:
	Accident, suicide, or homicide?	Date of Injury	, 19
	Where did injury occur?		
-		or town, county and	State)
	Specify whether injury occurred in INDUSTRI, in	HOME, OF HIPUBLIC	PLACE.
	Manner of Injury		
2	Manner of Injury		

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			A

MARGIN RESERVED FOR BINDIA

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	IN CORPORATE LIMITS (23) Registration Dist. No. 4
County Cellegy	N CORPORT
Village of City	No. 3 5 Ward death occurred in a hospital or inslitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME lian L. Felton	
(a) Residence: No. 539 Columba an	St., I Ward. Carlo
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) HITEOI Rose Werner	1 HEREBY CERTIFY, That I attended deceased from
W 1 d 1 1 1000	I last saw h alive on lease / J 1932; death is said
6. DATE OF BIRTH (month, day, and year) 1882 7. AGE Years Months Days If LESS than	I last saw h alive on flower alive on flower at 1952; death is said to have occurred on the date stated above, at 10 flower.
50 70 27 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	angula of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	Lings
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
(.)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Internego
1 11 11 11 11 11 11 11	PD 10 DI
E Carry Factor	Carrier Currents
[14. BIRTHPLACE (city or town)	Name ef operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city er town) 16. BIRTHPLACE (city er town) 16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Muss Bore tollow. (Address) 539 Auntio Age, Coly.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Country Dale Mch. 18 1936	Manner of Injury
19. UNDERTAKER LOCAL Stein Les (Marshaul)	24. Wes disease or injury in eny way related to occupation of deceased?
20. Flutonch- 18, 19 32. Havey H. Wer. Resistrar.	(Signed) (Signed) (M. D. M. D.
jet and the second seco	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis "	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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statement PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Allegany. County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred extra-uterine pregnancy (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) white (Year) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of XXXXXXXX _____, 19_____, to______ 1932. March 7. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Davs to have occurred on the date stated above, at ______m. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance XXXXXXX or____min. were as follows: Date of onset OCCUPATION 9_Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ Case of extra uterine xxxxxxx10. Date deceased last worked at 11. Total time (years)
XXXXX Intin this pregnancy. this occupation (month and occupation. Other Contributory Causes of importance: Cumberland. 12. BIRTHPLACE (city or town) (State or country) 13. NAME XCondax Lyman Fletcher FATHER PineyGrove. Md. 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis? _____ Was there an autopsy?____ MOTHER Vance Hartley 15. MAIDEN NAME NOTE 23. If death was due to external causes (VIOLENCE) fill in also the following: Grove. Accident, suicide, or homicide?_____ Date of injury______ 19____ (State or country) Where did injury occur?_____ (Specify city or town, county and State) Nora Fletcher Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. CREMATION Manner of Injury Nature of injury 24. Was disease or injury In way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The unincipal sauce of death and related sauces	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of colleges	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MAYMIN CORPORATE LIMITS	04000
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Megany	
6 6 6	Registration Dist. No. 4
Village or City (universely and (No. 2 FULL NAME Robert Star	Allegany wurtySt. Ame Ward) a hospital er institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 5 4 , 19237 (Month) (Day) (Year)
6 DATE OF BIRTH	
(Month) (Day) (Year) 7 AGE Ilf LESS the	
SO yrs. 8 mos. 9 ds. or min	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work Coal Municipality	Dienne Dienne
(b) General nature of industry business, or establishment in which employed or (employer)	Guration) vra maon de
9 BIRTHPLACE (State or country) Scotland	Contributory Secondary Duration (Puration)
10 NAME OF GEORGE Gardner	(Signed) The Attended The Signed
OF FATHER (State or country) Scotland	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Sabel Houney	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death 2 yrs. 5 mos. A ds. In the State yrs nos de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) (10 West) as dues (Address) on according Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Of A Commenter March 27, 1932
15 Filed Mary 1932 Hanny 18WE Registras	20 UNDERTAKER ADDRESS Colhon Sonocom
If more blanks are needed, address State Registr	var, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

FOR BINDING

MARGIN RESERVED

7. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook; ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager." "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material TO For many occupations a single word or term on Farm laborer, At Home, and children, without more precise specification as Day For persons who have no occupation Laborer-Salesman, Coal mine, etc. Locomotive engineer, not gainfully em-But in many (6) Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia. Bronchopneumonia ("Pneumonia,")

> as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Exhaustion," "Heart Innue,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinonu, American Medical Association.) (Recommendations on statement of cause of death (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, or intercurrent) affection need not be Committee on Chronic ctc. valvular heart Nomenclature The contributory Always qualify all Sarcoma,, etc., of disease; Measles; of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ltbe data is essential and must be obtained before the certificate is permanently filed.

ESERV

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Without more record mine, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Wom-Spinner, (b) Cotton mill; (a) Sulesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death approved by Committee on Nomenclature inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid letanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases Chronic interstitial nephrilis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.: Y resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu'ations answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

I RECORD. Every item of infor-PHYSICIANS should state Jo Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IS A PERMANE MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. NLY, WITH UNFADING INK-THIS AGE should be carefully supplied. -WRITE mation sh

V. S. No. 1 ä OCCUPA-

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	- b,	- (1)	8238
County Allegan		Registration Dist. No.	
Village or City / Za	there	No.	Ward
Length of residence in city or town where		death occurred in a hospital or institution, give its NAME instead of street and r	
71	LI P	of	JSUS.
2. FULL NAME That	nead Nates	rose 1.0	
(a) Residence: No. 22	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Wale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH. (Month) (Day)	, 193 (Yaar)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of)	J Gate house	22. I HEREBY CERTIFY. That t attended may 18, 19 22, to May 2	deceased from
6. DATE OF BIRTH (month, day, and year)	Mar 10-1845	I tast saw bear alive on man 26, 193	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	elized Cal Ming	Senlili	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	al Mines		
10. Data deceased last worked at this occupation (month and yaar)	11. Total tima (years) spent in this 3 Syrac occupation 3 Syrac	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Vales	aute Bionehitis	3-23-2
13. NAME John	Galehouse		
13. NAME 14. BIRTHPLACE (cfty or town) (State or country)	Wales	Name of operation	uloney?
IS. MATDEN NAME MANY	Margan	23. If death was dua to external causes (VIOLENCE) filt in also the following	
15. MATDEN NAME Mary 16. BIRTHPLACE (city or town)	2//2	Accidant, suicide, or homicide? Date of Injury	
(State er country)	Wales	Where did tnjury occur?	
17. INFORMANT / / / (Address)	atchquese	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL On Place Collegary Can	4 Dato Mar, 30, 19 32	Mannar of injury	
19. UNDERTAKER (Address)	Cars & his	24. Was disease or Injury in any way related to occupation of deceased?	7
20. FILED 29, 1932 W	Registrar.	(Signed) (Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	m.o.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of the sold one.

9.—The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who solls goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
ilstones	May 1,1923	Gastroenteritis	1 year

N.B.

WITHIN CORPORATE LIMITS STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-8
County Cellyany	Registration Dist. No.
Village or City Curberland	NdB & O.R. Rand William St., 5 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	iosds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Walter Joseph	2 grean
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
unkuber	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) unfonction	I last saw h elive on, 19; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs	THE I KINCH AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Glandsone	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Came of death unknown
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Dotofdach Unkrom
	Probably organic heart disease.
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	Office Committee of Importance
13. NAME Jolin Joseph gran	
13. NAME folian forth grant 14. BIRTHPLACE (city or town) Boetanie (State or country)	Name of operation Date of
(Gate of Goshay)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cole duration, (State or country)	Accident, suicide, or homicide?
17. INFORMANT John 1. Jean (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Date Date Date Dat	Manner of injury
1. 10. 1.	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED Mande 22, 19 IV (Farrey (h) E. Registrar.	(Signed) M. D. (Address) Cultural M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDI

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PIAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. -WRIT

V. S. No. 1 B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County allegary	Registration Dist. No.
Village or City	No. School & Ward St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Shake Lane	St., S Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thanks of the second of the secon	21. DATE OF DEATH Morth (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harpetta, Graut	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) Seft 13 857 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at
8 Trade profession or particular	Wrence Cousa Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	mch 15
SAW MILL, BANK, etc	37
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Organice Heat Disease - 34
13. NAME Solue Sross 14. BIRTHPLACE (city or town)	of mile Dun
14. BIRTHPLAGE (city or town)	Name of operation
in (State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Margaret Fargers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL MAN. 1019 33	Manner of injury
19. UNDERTAKER Louis Alexen Aug.	24. Was disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED Much 20, 1982 Hay (MC Registrar.	(Signed) (Address) (Addres
If more blanks are needed address Seale Design	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis APR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUTTER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1000

(Year)

BINDIN FOR

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	County	F DEATH ALLEGANY	WITHIN-CORPC	RATE LIMITS (22-a) Registration Dist. No.
			WITHING	NO. St., Wa (If death localistic field horpital or institution, give its NAME instead of street and number)
	Length of resi	dence in city or town where	death occurredyrs,n	(Af-Cetard locedured links horpital or institution, give its NAME instead of street and number) 10s. 6ds. How long in U.S. if of foreign birth?yrs
	2. FULL NAI	ME JOHN HAI	NES	
	(a) Residen	ce: No. DEER - F	ARK MARYLAND	St., Ward. Delra Jack Md. If nonresident give city or town and State
	PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH MARCH, 5, 1932 (Month) (Oay) (Year)
5a.	. If married, widow HUSBANO of (or) WIFE of		PANY HATNES	22. A I HEREBY CERTIFY. That I attended deceased fr
	DATE OF BIRTH ((month, day, and year)	MARCH, T4, 1850	I last saw handlive on Line 15 , 19 2 ; death is si
	81	11	Days If LESS than 1 day,h ormin.	The state of the s
UPATION	kind of v SAWYER,	ssion, or particular vork done, as SPINNER, , BOOKKEEPER, etc business in Wikeh	MAIL CARRIER	Intertional Metrulia
occui	10. Date decease	ed last worked at pation (month and	11. Total time (years) spent in this	Throng the to
12	. BIRTHPLACE (ci	ty or town) MARYI	AND	Other Coutributory Causes of Importance:
~	(State or cour	ntry)	own	- June
FATHER	14. BIRTHPLACE	(city or town)	EST VIRGINIA	Name of operation. Language of January Oate of January
HER	15. MAIDEN NA	7	nown	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTH	16. BIRTHPLACE	(city or town) Un	known	Accident, suicide, or homicide?
-	(0.0.0	MEMORIAL HO	SPITAL	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18		CUMBERIAND,	MD. No. 317-193	Manner of injury
19	, UNDERTAKER (Address)	Liste	in Inc.	24. Was disease or injury in any way related to occupation of deceased?
20	FILEDACK	· 7 1,32. H	arver H. Weis	(Signed) If I I have M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronie interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	OF MARTLAND	CERTIFICATE OF DEATH	62343
County allegans		Designation Diet M	4
Village or City Cumber	land md	Registration Dist. No.	s. 6 5 2. W
	2 sinos, intel	death occurred in a hospital or institution, give its NAME/instead of s	
Length of residence in city or town where	death occurredyrsmos	ds How long In U.S. if of foreign birth?yrs	mos ds.
2. FULL NAME	som Mar	sea.	
(a) Residence: No. Marro	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
Sport. Of hite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>2</u> (Year)
HUSBAND of (or) WIFE of			attended deceased from
6. DATE OF BIRTH (month, day, and year)	auch 25-1932	Hast saw h ? alive on hearth 25	1992; death is said
2 mor intrastrice	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7 1 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importa were as follows:	, which was a second
8. Trade, profession, or particular kind of work done, as SPINNER,	1-1-10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date of onset
SAWYER, BDDKKEEPER, etc.	more	Therapelia abording of	1932
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	none.	endomelula + diapele	9
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and year).	11, Total time (years) spent in this occupation	held.)	
12. BIRTHPLACE (city or town) Cumul (State or country)	burland, md	Other Coutributory Causes of importance:	
13. NAME Dayshare S.	Harold.		
14. BIRTHPLACE (city or town) No.	hon Oh. Y/si.	Name of operation 490	Date of 3 - 23-5
(State of country)		0:	there an autopsy?
15. MAIDEN NAME EVA SP. (C) 16. BIRTHPLACE (city or town) Cum	lank	23. If death was due to external causes (VIOLENCE) fill in also the	
0 16. BIRTHPLACE (city or town) Cum	burland.	Accident, suicide, or homicide?	3-25 1939
(State or country)	16000	Where did injury occur? Memorial (Specify city or town, county	a Cumb ky
17. INFDRMANT Comb	eland, Jud.	Specify whether Injury occurred in INDUSTRY in HOME or Intul	BOIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Churchelland	hed. 3-25 1932	Manner of injury Therefetic about	lion,
19. UNDERTAKER Months	& thought of	24. Was disease or injury in any way related to occupation of dece	ased? Neo
20, FILED Med 25, 1982 HE	Registrar.	(Signed) UR Hoffsen	7

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURKAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN MARGIN RESERVED -WRITE PLAINLY, WITH UNFADING INK-THIS

should state OCCUPA-

PHYSICIANS RECORD. Every

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may be carefully supplied.

TION is very important.

mation should

of

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(93-c) (1934)
County alleg carry	Registration Dist. No.
Village or City Invallence (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birtb?yrsmosds.
(a) Residence: No. 220 & Macio (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) Sende Or Devorced (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND of (or) WIFE of Husband (or) WIFE of Husband (or) Husband (or) WIFE of Husband (or) Husband (or) Husband (or) WIFE of Husband (or	1 HEREBY CERTIFY That I attended deceased from 3/193. 2 I last saw he alive on 1/2 c 4 3 0 , 19 5. Edeath is said to have occurred on the date stated above, at 1/9 m.
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Divistion mknown CW&R.
10. Date deceased last worked at this occupation (month and yaar)	Other Contributary Causes of Importance:
(State or country) Sefford to Pa	Courses med.
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME Plant P	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ely Seth Barrett 16. BIRTHPLACE (city or town) (Stata er country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19
17. INFORMANT Mm J. Theat (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place allegen Cesar Date pul 2, 1932	Manner of Injury
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 31., 19 De 1.0 M & and Registrar.	(Signed) M. D. (Address) H. D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Istones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

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A	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County are a county	Registration Dist. No. 9
Village or City fraction	No. St., Ward
	osds. How long to U.S. if of foreign birth?yrsmosd
2. FULL NAME MANY Pathers	3 ais V. T.
(a) Residence: No. 13 > 20 main	St., Ward.
(Usual place of abode)	Il nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (strite the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i attended deceased fro
5. DATE OF BIRTH (month, day, and year)	I last saw he alive on 1772 4. 16, 193 z death Is sai
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at & _ m.
19 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Brongheelaus
9. Industry or husiness in which	Cudrendle
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and spent in this	
year) gc:upation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town).	
(State or country)	
13. NAME Fredrick B. Zais	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Heater Weinhermer	23. If death was due to external causes (VIOL ENCE) fill in aiso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State er country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Area Among Among (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Porters Cept	Manner of injury
Place Date Date 11, 1931	Nature of injury.
19. UNDERTAKER K. K. K. W. LELLAND	24. Was disease or injury in any way related to occupation of deceased?
(Address) 3/ (Department) and	If so, specify
20. FILED 2/19, 1932) Down Mane	(Signed) M.
Registrar,	(Address) Tuseling Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
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The industry or business in which the work was done.

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Other contributory causes of importance:		Other contributory causes of importance:	
Ustones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH County Village or City RECORD. Every Length of residence in city for town where death occurred. statement (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE OR. DIVORCED (write the word) 5a. If married, willowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. Days 7. AGE Months 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____ MARGIN RESERVED back 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation instructions 12. BIRTHPLACE (city or town) (State er country) FATHER 13. NAME See 14. BIRTHPLACE/(ofty or town) (State of country) þ MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city of town) (State or, country) A should OF 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs.____mos.____ds. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month (Day) (Year) CERTIFY. That I attended deceased from to have occurred on the date stated above, at 1/2 3 1/4 m The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Other Contributory Causes of importance: Date of Name of operation What test confirmed diagnosis? _____ Was there an autopsy2_ 23, If death was due to external causes (VIOLENCE) fill in also the following: Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury_. If so, specify

STATE OF MARYLAND-CERTIFICATE OF DEATH

If LESS than

1 dayhrs.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

or min.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

plnods

PHYSICIAN

RECORD.

BINDIA RESERVED may

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instructions

See

important

OF

CAUSE

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County ALLEGANY CO . . Registration Dist. No. Village or City CUMBERLAND (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. 12.ds. How long in U.S. if of foreign birth? 2. FULL NAME WILLIAM HENDERSHOT. (a) Residence: No. BUCK VALLEY PENNA (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Male White (Day) Widowed (Year) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I ettended deceased from (OF) WIFE of Sarah Deneen. FEB 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months If LESS than 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or min. were es follows: Date of onset 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.... Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation ... Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? OTHER 15. MAIDEN NAME CRAWFORS 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION. Manner of injury Nature of injury 24. Was disease or injury in eny wey related to occupation of deceased? (Address) If so, specify Registrar. If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. A BERNANDE IN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	. 0
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	-

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Run over by street car 1 week ag
Other contributory causes of importance: 3 Gastroenteritis 1 year
92

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County allegary	Registration Dist. No.
Village or City Jack Colore	ND.
1//4	(If death occurred in a hospital or institution, give its NAME instead of osds. How long In U.S. If of foreign birth?yrs.
2. FULL NAME aune & Cinabeth	terbert
(a) Residence: Np.	St., Ward.
(Usual place of ahode)	If nonresident give city or
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (wine the word)	21. DATE OF DEATH (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I
DAV 17-1887	I last saw h A alive on May 2
6. DATE OF BIRTH (month, day, and year) YCX (Days If LESS than	to have occurred on the data stated above, at //: 4 -m.
44 5 4 1 day, hr	
8. Trade, profession, or particular kind of work done, as SPINNER, House New SAWYER, BDOKKEEPER, etc	Lobar Gremonia
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at this occuration (month and	- 7,55
1D. Date deceasad last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city or town) Int Saveg	Other Cantributary Causes of importance;
(State or country)	
13. NAME UM. Warter 14. BIRTHPLACE (city or town) - 6 Marles Ca	
14, BIRTHPLACE (city or town)	Nama of oparation
(Stata of country)	What test confirmed diagnosis? Was
15. MAIDEN NAME Ellen Rulduff 16. BIRTHPLACE (city or town) Allyony 19	23. If death was due to external causes (VIDL ENCE) fill in also th
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Inju
(State ar country)	Where did injury occur?(Specify city or town, coun
17. INFORMANT (Address) Mt Caro & M	Specify whether injury occurred in INDÚSTRY, in HDME, or In P
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	Nature of Injury
19. UNDERTAKER J. J. Durit and (Address) F. J. Durit and	24. Was disease or injury In any way ralated to occupation of de
20. FILED. 3/2-2, 1932 to gr. Bostulin Mr. Registrar.	(Signed) A Sostilla (Address) Mt Savog
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

02349

	Registration Dist. No.
(If o	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
	St., Ward.
1	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
i)	(Month) 2/ (Day) (Year)
ın	I HEREBY CERTIFY. That I attanded deceased from 1932, to 1932 I last saw h. 20 alive on 2 , 1932, death is said to have occurred on the data stated above, at 11. 4. m.
hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
)	Lobar Encumenta har/8
	Dther Cantributary Canses of importance;
	Nama of operation Data of
	What test confirmed diagnosis? Was there an autopsy? Ad-
	23. If death was due to external causes (VIDLENCE) fill in also the following: Accidant, suicide, or homicide?
50	Manner of Injury
1	Nature of Injury
رگر	24. Was disease or injury In any way ralated to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)
trar .	2417 N. Charles Street Baltimore Paraettma 71 S. No

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of important		041	
Other contributory causes of importance:		Other contributory causes of importance:	
Istones	May 1,1923	Gastroenteritis	1 year
1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



MARGIN RESERVED FOR BINDING INLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every in N. B.-WRITE

V. S. No. 1

1. PLACE OF DEATH County Village or City Village or City Length of residence in city or town where death occurred. 2 yrs. 7 mos. ds. How long In U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. Allegang (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Registration Dist. No (If death occurred in a herpital or institution, give its NAME instead of the property of the pr	
(If death occurred in a hospital or patitution, give its NAME instead of	04004
(If death occurred in a hospital or patitution, give its NAME instead of). 4—
	Sastree 3 Ward
2. FULL NAME pro A furbangh (a) Residence: No. Allegang County Harle 3. Ward.	sds.
(a) Residence: No. Allegang County Hable 35, Ward.	
(Usual place of abode) If nonresident give city	or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Month OR DIVORCED (write tha word) Month OR DIVORCED (write tha word)	y) 193 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. Quad . 3 0 (, 19 > \), to 3 .	l attended daceased from
	19.31; death is said
7. AGE Years Months Deys If LESS then to have occurred on the date steted above, at 10 am	
6. DATE OF BIRTH (month, dey, and yeer) 3-9-1832 7. AGE Years Months Deys If LESS then I dey, hrs. or min. 8. Trade profession or particular.	Date of onset
kind of work dona, as SPINNER, Co-of Carrier SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceesed last worked et this occupetion (month and spent in this	
year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME Don t Know Other Coutributory Causes of importence:	
(State or country)	
Substitution of the substi	
Neme of operation.	
23. If death was due to extarnal ceuses (VIOL ENCE) fill in elso	
Whet test confirmed diagnosis? Whete test confirmed diagnosis? Accident, suicida, or homicide? Where did injury occur? (Specify city or town, confirmed diagnosis?)	njury, 19
Accident, suicida, or homicide?	
18. BURIAN, CREMATION, OR REMOVAL Plane Transburg Mod Dete March 17,1932 Neture of injury	
20. FILED Mch. 16, 1932 Harry en H. Weis (Signed)	Elliano
Registrar. (Address)	and the

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Shirtian.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	550
1. PLACE OF DEATH		115-0	300
County allegan	1	Registration Dist. No. 19	/
Village or City Bullus	O md.	NoSt.,	Ward
Length of residanca In city or town where death		death occurred in a hospital or institution, give its NAME instead of street and near	
P (1)	• 0		us.
2. FULL NAME Jew Jahr	res Menna	1	
(a) Residence: No.	(Usual place of abode)	U St., Ward. If nonresident give city or town and Ste	ate
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S.	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 Z
5a. If married, widowed, or divorced HUSBAND of			(1001)
(or) WIFE of		22. I HEREBY CERTIFY, That I attended dec	eased from
& DATE OF BIRTH (224 1931	I last saw hely alive on May 7 1932	, 19.4. S
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10.00 m	icatii is seid
8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trada profession or particular	1 4 ormin.	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	shild	Streptococcers	
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this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)			
I 13. NAME LEO GL Ne	mey.		
13. NAME CONTROL 14. BIRTHPLACE (city or town).	Cos (Name of operation Date of	
(Stata or country)	2	What test confirmed diagnosis? Was thera an auto	opsy?
15. MAIDEN NAME Edua El	jaleth Loan	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME & Some Element of the State of Country)	Q Summitt.	Accident, suicide, or homicide? Data of Injury	, 19
∑ (State or country)	<u>a · </u>	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT dea a Ke	ment.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place To The Control of the Cont	ne Mar 9 , 1932	Manner of injury	
9-1-24	aler	24. Was disease or injury in any way related to occupation of deceased?	3
19. UNDERTAKER (Address)	Ag Myds	If so, specify	0
20. FILED 2/9 , 1932, AM.	Omc Lane	(Signed) MOVII Fane He	M. G
20. FILED	Registrar.	(Address) Fronthuly M	4

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU V. S			6.0
Other contributory causes of importance:		Other contributory causes of importance:	3
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B. WRITE PL

TION is very important. See instructions on back of

AGE should be

stated EXACTLY. PHYSICIANS should state OCCUPA-RECORD. Every item of infor-Exact statement of properly classified. MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02354

I. PLACE C	OF DEATH			- A	
County				CORPORATE LIMITS Registration Dist. No. 4	
Village or	City Cumberl	and. Md	WITHIN C	ORNO Allegany Hospital st	Ward
Langth of co	esidenca In city or town where	double assumed		death occurred in a hospital or institution, give its NAME instead of street and seconds. How long in U.S. if of foreign birth?	
	954	A. Knier		yisyis.	110505.
2. FULL NA	ALVIE			D. 0 1111	ra.
(a) Reside	ence: No. Alag	eley, W.		St., Ward. Red gelley, O. If nonresident give city or town an	16.
PERSO	NAL AND STATIST			MEDICAL CERT/FICATE OF DEATH	d State
3. SEX	4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	
Female	White		(write tha word)	Nar 15th.1932	, 193
5a. If married, wide	owed, or divorcad	1		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Norman.A.K	nieriem		22. I HEREBY CERTIFY, That I ettendad	
				3 12 · 1952 to 3- 15	
	(month, day, end yaar)	Sept 26		I last saw head alive on 2 - 14 192:	death is said
7. AGE Y	ears Months	Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 7 . 30 m. m	
	54 5	20	ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance were as follows:	Date of onset
8. Treda, prof	fession, or particular f work done, es SPINNER, ER, BOOKKEEPER, etc				
SAWYE	R, BOOKKEEPER, etc	ouse wif	^	Broncho Fremon	3-13.3
work w	vas dona, as SILK MILL, IILL, BANK, atc	0436 , 11			
U 10. Date daces	ased last worked et cupation (month and	11. Total ti sper	me (yaars)		
(1113 000	(month and	ocau	pation	Othar Coutribulory Causes of importance:	
12. BIRTHPLACE (city or town)		Md		
(Stata or co				Diabeter Melletin	1924
13. NAME	David.Sh	eubridge	•		
13. NAME 14. BIRTHPLAC	CE (city or town)		Wva	Name of oparation Dete of	
1 (State)	or country)			What tast confirmed diegnosis? Was there an	autopsy?
15. MAIDEN N	IAME Emma.Roe	der		23. If death was due to axtarnal causes (VIOLENCE) fill in also the followin	ig:
15. MAIDEN N	CE (city or town)	WVa		Accident, suicide, or homicide? Date of injury	, 19
∑ (Stata	or country)			Where did injury occur?	
17. INFORMANT	Norman.A.			(Specify city or town, county and SII Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ite) LACE.
(Address)	Ridge	eley, W. Va	1,		
18. BURIAL, CREMA	ATION, OR REMOVAL CO	m-Manl	7.1932	Manner of injury	
Placa			19	Natura of injury	
19. UNDERTAKER	John.C. To.			24. Was diseasa or Injury In any way releted to occupation of decaasad?	
(Addrass)	A . S S S	Ladide id		If so, spacify	
20, FILED AC	K. 17, 19 3/2.	Harven	N. Wer	(Signed) / Dowen	M. D.
			Registrar.	(Addrass) Communication	A herd
	If mor	e blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

MARGIN RESERVED FOR BINDIN

V. S. No. 1

WITHIN CORPORATE LIMIT OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4
County Mulgning	Registration Dist, No.
Village or City Comfuland	No. Ho St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign hirth?yrsmosds.
2. FULL NAME Johnsles X. Kr	
(a) Residence: No. 40 2 (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH 3 . 18-
5a. If married, widowed, nr divorced	(Month) (Day) (Year)
HUSBAND OF anne in Dern	22. JEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 73 1863	Hast saw h. Auther on 3 17 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Diffs nee
68 7 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trede, profession, or particular/ kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7) 3,453
9. Industry or business in which work was done, es SILK MILL, the store	Branch Bress
SAW MILL, BANK, etc. 11. Total time (yeers)	p occopy was a sure
this occupation (month end spent in this occupation occupation	
0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	lokio di ti
E 13. NAME John / Folt.	1 1 10 Wet plat
13. NAME 14. BIRTHPLACE (ofty or town)	Name of operation Date of
(State or country) Umany	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Sommy C. Hirsch	23. If death was due to externat causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Strang & Strang 16. Strang	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Chao 2. Perly.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Comply al	
Place Processing Company Place Processing Place Processin	Manher of Injury Nature of injury
19. UNDERTAKER Amio Stern Ing.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Much 21 , 193 × Harry / MERCHISTER.	(Signed) M. Alleranio
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUFIAU			
		VIII.	3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

CAUSE OF DE

B.—WRITE PL mation shou

V. S. No. 1

PHYSICIANS should state

of OCCUPA-

Exact statement

1. PLACE OF BEATH County Village or City Mo Langth of residence in city or town where death occurred and sumber) Langth of residence in city or town where death occurred and sumber) Langth of residence in city or town where death occurred and sumber) Langth of residence in city or town where death occurred and sumber) Langth of residence in city or town where death occurred and sumber) Langth of residence in city or town where death occurred and sumber) Langth of residence in city or town where death occurred as a social soci	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02356
Village or City. No. Length of residence in city or town where death occurrence of the capted in a hoopital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurrence of the capted in a hoopital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. (Unual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVOKED, Comine life word) 59. If marriad, widowed, or divorced HUSPARES AND STATISTICAL PARTICULARS 1. The PRINCIPAL CAUSE OF DEATH 1. AGE Years Months Days If LESS than 1 day. hrs. Or. min. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were an olional. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which Now I was done, as SPYNNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which Now I was done, as SPYNNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which Now I was done, as SIX MILL, Or which was done, as SIX MILL, Or which was done, as SIX MILL, Or which was done of captiguting to the capted days, at Jay Ammentation of the date stated above, at Jay Ammentation of the stated above, at Jay Ammentation	1. PLACE OF PEATH	
Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Ward. (b) Ward. (c) Residence: No. (c) Ward. (d) Residence: No.	County alle april	Registration Dist, No.
Length of residence in city or town where death occurred by yell followed and the process of the		
2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curin: titls word) 5a. If married, widowed, or divorced HUSSEAND (Month) (Day) 193 2. 1 HEREBY CERTIFY. That I sitended decessed from to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and to have occurred on the date stated above, at Justice and the state and the stated above, at Justice and the state and the stated above, at Justice		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED, (write tilk word) 5a. If marriad, widowed, or divorced WISSERFER, (Gr) WIFE of Color of Months, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, bottesion, or particular 1 day, botts, or, min. 8. Trade, profession, or particular SAWYER, BOOKKEPER, etc. 9. Industry or business in which word done, as SILK MILL. SAWYER, BOOKKEPER, etc. 10. Data deceased last worked at this occupation (month and year) SAW INLL, BARK, etc. 11. Total time (years) spent in fills occupation (month and year) SILK MILL. Other Centributery Canaes of importance: Was there an autopsy? Months of operation. What test confirmed diagnosis? Was there an autopsy? Months was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME 16. BIRTHPLACE (city or town). St., Was there an autopsy? Months and the state of the profit of the pr	2. FULL NAME CHIME Marie As	192
Clear place of abode Financesident give city or town and State	7)50	St Ward
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUBBARD ("Month) (Day) 5a. If married, widowed, or divorced HUBBARD ("Month) (Day) 5b. If E E B Y C E R T I F Y. That I attended deceased from the date stated abova, at T S A months 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BONKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, DAY ("Month") 10. Data deceased last worked at this occupation (month and year) 112. BIRTHPLACE (city or town) (Stata or country) 13. NAME ("Month") 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. MAIDEN NAME 21. DATE OF DEATH Month ("Month") (Month) (Month) (Month) (Day) (Yaar) 18. If E B Y C E R T I F Y. That I attended deceased from the date stated abova, at T S A m. 19. 3. Trade, profession, or particular kind of work done, as SPINNER, SPINNER		
5a. If marriad, widowed, or divorced MUSSARD 19 5b. If marriad, widowed, or divorced MUSSARD 19 5c. DATE OF BIRTH (month, day, and year) T. AGE Years Months Days If LESS than 1 day. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as ollows: Work was done, as SPIKMEL, SAW MILL, SAW MILL, BANK, etc. 10-bate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) Manuel Month) (Day) (Year) 11-bate word) 11-bate word) 11-bate deceased last sated abova, at 133 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as ollows: Other Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance: Was there an autopsy? Month of the date stated abova, at 133 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as ollows: Other Contributory Causes of importance: Other Contributory Causes of importance: 14. BIRTHPLACE (city or town). (State or country) Was there an autopsy? Month of the date stated abova, at 133 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as ollows: Other Contributory Causes of importance: Other Contributory Causes of importance: 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Was there an autopsy? Month of the date stated abova, at 133 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as ollows: Other Contributory Causes of importance: 16. BIRTHPLACE (city or town). Was there an autopsy? Month of the date stated abova, at 133 4 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as ollows: Other Contributory Causes of importance: Other Contributory Causes of importance were as ollows: Other Contributor	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. It marriad, wildowed, or divorced HUSPARD (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min. 8. Trade, p/ofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SPIN MILL, DAN, business of work done as SPIN MILL, DAN, business in which work was done, as SIX MILL, DAN, etc. 10. Data deceased last worked at this occupation (month and 2) spent in this occupation. Other Centribatery Canses of importance: 12. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsy? MA 23. If daath was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) 17. AGE 18. MAIDEN NAME 18. Trade, p/ofession, or particular had related deceased from the date stated above, at 73 4 7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as ollogis: Other Centribatery Canses of importance: What test confirmed diagnosis? Was there an autopsy? MA 25. If daath was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. Accident, suicide, or homicide?	OR DIVORCED (write the word)	much 20 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or min, Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which work was done, as SILK MILL, Own Low Sawyer, Bookkeeper, etc. 9. Industry or business in which was done occurred on the date stated abova, at 734 Am. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: 10. Date of injury 19. Date of i	5a. If marriad, widowed, or divorcad	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) Separation to have occurred on the date stated abova, at A.A. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Other Contributor Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) Mark of operation Name of operation Name of operation Date of (State or country) What test confirmed diagnosis? Was there an autopsy? AD 16. BIRTHPLACE (city or town) (State or country) 17. AGE Was there an autopsy? AD Accident, suicide, or homicide? Date of injury 19. — Dat		
To AGE Years Months Days If LESS than I day	6 DATE OF RIRTH (month day and year) 7 054 18.55	1-7 % 1000
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIX MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. Trade, profession, or particular were a soliops: Pate of onset the very a soliops: Pate of onset the very a soliops: Other Contributory Canses of importance: Name of operation. Date of What test confirmed diagnosis? Was there an autopsy? MA Accident, suicide, or homicide? Date of injury. 19. Date of injury. 19. Date of injury. 19. Date of injury. Dat		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STIK MILL, DAW, etc. 10. Data deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. Trade, profession, or particular kind of work done, as SPINNER, Accident, suicide, or homicide? Date of conset how work day and the conset of more diagnosis? Was there an autopsy? MAIDEN NAME 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19.		
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME 19. Main of operation What test confirmed diagnosis? Was there an autopsy? Accident, suiclde, or homicide? Date of injury 19. Main of operation Date of operation Accident, suiclde, or homicide? Date of injury 19. Main of operation Date of operation What test confirmed diagnosis? Date of injury 19. Main of operation Date of operation Date of injury Accident, suiclde, or homicide? Date of injury 19. Main of operation Other Centributery Canses of importance:	2 Trade profession or particular	Chronic Endergratus hov/829
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME 19. Main of operation What test confirmed diagnosis? Was there an autopsy? Accident, suiclde, or homicide? Date of injury 19. Main of operation Date of operation Accident, suiclde, or homicide? Date of injury 19. Main of operation Date of operation What test confirmed diagnosis? Date of injury 19. Main of operation Date of operation Date of injury Accident, suiclde, or homicide? Date of injury 19. Main of operation Other Centributery Canses of importance:	9. Industry or business in which work was done, as SILK MILL, O was loved as SAW MILL, BANK, etc.	aute Arlototics
12. BIRTHPLACE (city or town) (State er_equintry) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME 19. Accident, suiclde, or homicide? 19. Date of injury 19. Accident, suiclde, or homicide? 19. Date of injury 19. Date	O this occupation (month and spent in this	
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 15. MAIDEN NAME 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19	14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury 19. Date of injury Date of injury	(State of country)	What test confirmed diagnosis? Was there an autopsy?_//\dots
[O 16. BIRTHPLACE (city or town) Date of injury Date of injury 19	II 15. MAIDEN NAME	
	O 16. BIRTHPLACE (city or town) Additional (State or country)	
(Specify city or town, county and State)	- Januar Karll	(Specify city or town, county and State)
17. INFORMANT 1. AUGUSTRY, In HOME, or In PUBLIC PLACE. (Address) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		Specify whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 2 Manner of Injury	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place MA Valle And Date And Date 101 . 2 d., 19 Nature of injury	Place MA Jau Jan 1957	Nature of injury
19. UNDERTAKER Their Action of deceased? 10. (Address) Compared the Compared to a comparison of deceased? If so, specify the compared to a comparison of deceased?		
20. FILED 3/24, 1932 W Boltly M.D. (Signed) W Dollly M.D. M.D. (Address) M.J. D. A.J. M.D.		(Signed) 1 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person o had no occupation whatever write none. To be complete, an occupation return must state: 38.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill;" etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: stones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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ING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF WEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANER MARGIN RESERVED FOR BINDIN arefully supplied. mation should N. B.-WRITE PLA

V. S. No. 1

STATE C	JE MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	Dutaida at	<u> </u>	7
County Alle gany	, U utsine ui	Registration Dist. No. 4	
Village or City refarelumb	ferland City Limits	f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where			
2. FULL NAME Warr	en Kron	u.	
(a) Residence: No.	· Vale md	Ste. Ward-	
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye	er)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended decease	d from
6. DATE OF BIRTH (month, day, end year)	bout - 1886	1 1 1 1 1 1 1 1 1 1	ie eaid
7. AGE Yeers Months	Deys If LESS than	to have occurred on the date stated above, at	13 3010
about-46	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were #s follows:	
8. Trede, profession, or particular		Chronic endocardita Date o	lonset
kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc.	arm hand	2 4	20.
▼ 9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc.			
Rind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	II. Total time (years) spent in this occupation		
year)	II. Total time (years) spant in this occupation	Other Contributory Causes of Importance:	
tina occupation (month and	II. Total time (years) spant in this occupation	Other Contributary Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete er country)	II. Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town)	II. Total time (years) spant in this occupation Rouse	Other Contributary Causes of Importance: Name of operation	
12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	II. Total time (years) spent in this occupation When the second	Name of operation Date of What test confirmed diagnosis? Was there an eulopsy?	
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12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER	II. Total time (years) spant in this occupation Rouse Lemment S. A- Date Mch. 8, 19. 3/9 Durst Mandey H. Weis Registrer.	Name of operation	

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To be complete, an occupation return must state:

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Example I The principal cause of death and related causes of importance were as follows: Date of onset		Example II	1 week ago	
		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 6 1932	July 5,1927	Peritonitis	3 days ago
	BURYAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

62358

1. PLACE OF DEATH	23)	0
County allegares	Registration Dist. No.	8
Village or City Longing md-	NoSt.,	Ward
7.	(If death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where death occurredyrs	osds. How long in U.S. if of foreign birth?	//ds
2. FULL NAME PRATRICE Mitchell pl	enellyse	
(a) Residence: No. Longermana	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED ("brite the word) Tempolo Or Divorced ("brite the word)	21. DATE OF DEATH (Month) (Dey)	93 Z/
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ettended dec	caased from
James A Harringto		., 195
DATE OF BIRTH (month, day, and year)	- 11031 Saw IIE-E aliva Oll - P-P-P-	daath is sale
AGE Yaars Months Deys If LESS than	to have occurred on the data stated above, at	
fruited to ormin.	word as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER/BOOKKEEPER, atc.	(P)	1810
SAWYER/BOOKKEEPER, atc	Vulmonary Subrealoses	gran
work was done, as SILK MILL, SAW MILL, BANK, atc.		·
kind of Avork done, as SPINNER, SAWYER/BOOKKEPPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Deta daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	2.	
Far escape and	Othar Contributory Causes of importanca:	
2. BIRTHPLACE (city or town) (Steta er country)	Aliate Maco.	11/200
13. NAME Demelton anderson	- with a mag	1//
X		
14. BIRTHPLACE (city or town)	Neme of operation	
	What test confirmed diagnosis?	opsy?
Bl. St.	23. If daath was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury	, 19
160	(Specify city or town, county and State)	
7. INFORMANT Playence of lewelly	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	Ε.
(Addrass) Section MA 8. BURIAL GREMATION OR REMOVAL	Managed India	
Place 2 Data new 29 193	Manner of injury	
6 10 10 0	Nature of injury	
19. UNDERTAKER JANGS & Dans	24. Was disaase or injury in any way related to occupation of daceased?	a
(Addrass)	If so, specify	
20. FILED 8/ 28/ 1932 I, Oon 1 - gloville	(Signad)	M. D
Registrar.	(Address)	90

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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Example 1

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of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Example-II-

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รอนอารุกุก	8261,1 µoM	เมียวโทยการเกี่ย	Theat I	I year
)ther contributory causes of importance:		Other contributory causes	of importance:	
			E WINGE	
erebral hemorrhage	1261,8 thul.	Peritionirs	n shap g	obn ship g
hronic interstitial nephritis	1261	Run over by street car	I week o	I week ago
Tleriosclerosis	9161	Allack of epilepsy	o goon I A Think	obo goon I
The principal cause of death and related causes finiportance were as follows:	Date of onset	The principal cause of deal of importance were as follo	ath and related causes bein of one	facino to offed
	11			1

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH tated EXACTLY, PIroperly classified. Registration Dist. No. Ward) RECORD ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. pe WIDOWED OR DIVORCED Write the word) may (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH instructions (Day) (Month) (Year) flf LESS than 7 AGE and that death occurred on the date stated above, at ... I day hrs. The CAUSE OF DEATH * was as follows: peliddus or min.? B OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in 2 Importa which employed or (employer) Contributory I 9 BIRTHPLACE Secondary (State or country) Pinid H 10 NAME OF (Signed) FATHER shot E OF 192 (Address) 11 BIRTHPLACE OF FATHER RENT the Disease Causing Death, or, in S ATION Violent Causes, state (1) Means of Injury CAUS (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-⋖ OF MOTHER CCUP ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country 0 Where was disease contracted. if not at place of death? CIANS short statement c Former or usual residence (Informant) (Address 15 Filed If more blanks are needed, address State Registrar, 16 W, Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(12359

(If death occurred in

a hospital or institu-tion, give its NAME in-stead of street and

and (2) Whether

number.)

RECEIVED

APR 4 1932

EUREAU V.S.

Fee Committee of the Co

A series of present females that and off the paper of the particle of the part

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County allegany	Registration Dist, No.
Village or City Lumbertand WITHIN	No. 3/5 Springdale St. 6-2 Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mrs Zada a. Mankam	
(a) Residence: No. 3/5 Springdale	St. 6-2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple White Married	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
S DATE OF DIDTH (world) All O 12 1891	11/ 4041/ / 20
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 4 3/4 m.
41 10 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were es fettows:
6 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	dahar memoria (hetham) 2-28-32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month end	- The second of the second
SAW MILL, BANK, etc.	
- Sport III tills	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME Saac Gager 14. BIRTHPLACE (city or town) (Cata or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city er town)	23. If death was due to external causes (YIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lesson Markaniver (Address) Cumberland Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Tacturalown HO Date Than 9, 1932	Neture of injury
19. UNDERTAKER Journ Stein The (Address)	24. Wes disease or injury in any way related to occupation of deceased? 770
20. FILEDNICH. 8, 1932. Harvey H. Welson Registrat.	(Signed) J. W. Cleason M. D. (Address) 2/3 2/2. WE Cumberfound mk
If more blanks are needed, address State Resistrar.	7.

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Ex	cample I		Example II	
The principal cause of dear of importance were as follo		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 6 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Corebral hemorrhage	RUETAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



SIAIL OF MAR	RYLAND—CERTIFICATE OF DE	ATH 62361
1. PLACE OF DEATH	180	8
County Allegany	Registrativ	on Dist. No. 💍
Village or City Planagoni	AG No.	St., War
Length of residence In the ty of town where death occurred	(If death occurred in a hospital or institution, give its NA yrs	
2. FULL NAME James/	Di alpine	
(a) Residence: No. De mantis	meadowst, Ward.	
Sual place	e of abode) If nonresid	ent give city or town and State
PERSONAL AND STATISTICAL PART		TE OF DEATH
Heale Shite OR DIVORC	RRED, WIDOWED, ED (reviice the word) (Month)	(Dey) 193 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Or) WIFE of	cholds 22. Jan 1- 120 10	FY, That I attended deceesed from the 18 193 ×
DATE OF BIRTH (month, day, end year) Feb 23	10/17 last saw by elive on mare	62 17 , 1932 ; deeth is sa
. AGE Years Months Days	If LESS than to heve occurred on the dete stated above, at	W/
85 - 26	1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related commin. were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEEPER atc	0.10	Date of ons
SAWYER, BOOKKEEPER, etc. Detured 9. Industry or business in which	wal there arterio-felico	ers 444.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	2012	
this occupation (month and sp	time (years) ent in this upetion	a. Cursor
2. BIRTHPLACE (city or town) Scutlan	Other Coutributory Causes of Importance:	
(Stete or country)	11. arenna	4 day
13. NAME John And	Chire	
14. BIRTHPLACE (city or town) Scutta	had Neme of operation	Dete of
(State of country)	Whet test confirmed diagnosis?	Wes there an autopsy?
15. MAIDEN NAME Barbara	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?	Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city	or town, county and State)
7. INFORMANT Ally. In alfance (Address)	Specify whether Injury occurred in INDÚSTRÝ, in	HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Piece ald ciney Cemiley Date Hall	N. 2/., 19 32 Nature of injury	
9. UNDERTAKER In Carchinorna	24. Wes disease or Injury In eny wey related to occ	cupation of deceesed?
(Address) & onlicomma	, If so, specify	lorus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail inerchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example T		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis P. A. 144	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PIII ? I	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Det letter under "Taylor" 4/33/32 correcting date of death

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

2. FULL NAME (a) Residence: No. 193 (b) Septiment of short of the sh	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02362
Length of residence in city or town where death occurred yes most. 2. FULL NAME (a) Residence: No. S.	1. PLACE OF DEATH	LIMITS (108)
Length of residence in city or town where death occurred yes most. 2. FULL NAME (a) Residence: No. S.	County allegany	Registration Dist. No. 4
2. FULL NAME (a) Residence: No. 568 PERSONAL AND STATISTICAL/PARTICULARS 3. SX. 4. COLOR OR RACE (b) Dy OYOR (C. C. C	Village of City	THU. DO A STATE OF THE STATE OF
(a) Residence: No. 658 Shure in the control of the	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of dreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS J. S. J. A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR JUDGACED (write the word) S. J. Harried, widowed, or divogred JUDGAND (Dey) C. DATE OF BERTH J. S. T. T. J. S. J. J. S. J. J. S. J. J. S. J. J. J. S. J.	2. FULL NAME Julia lo ma Gr	cady.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR MANUNCED COLOR OR NACE OR DAY OR WIND CARD COLOR OR RACE OR DAY OR WIND CARD COLOR OR RACE OR DAY OR DA		
2. SEX 4. COLOR OR RACE (Month) (Month) (Month) (Dey) (Year) 2. If HER BY CERTIFY, That I attended deceased from the date stated above, at Jensey (According to bushess in which the same of the country) (State or country) 2. Indestription or particular in this coupelion (month and page of the country) (State or country) 2. SHRTHPLACE (city or town) (State or country) 2. SHRTHPLACE (city or town) (State or country) 2. Informant (Address) 1. Informant (Address) 1. Informant (Address) A		
Sa. If married, widowed, or divogreed (North Copy) Sa. Trade, profession, or particular (North Copy) North Copy (North Copy) Sa. Trade, profession, or particular (North Copy) North Copy (North Copy) Sa. Trade, profession, or particular (North Copy) North Copy (North Copy) North Copy (North Copy) North Copy (North Copy) North Copy (North Copy) Nort		
HUSBAND of (or) WIFE of MATH (month, day, and ver) 5. DATE OF BIRTH (month, day, and ver) 7. AGE Years Months Days II LESS thad I day, Arra, Arr	Hemale white Sharring	Mark (Month) (Dey) (Year)
6. DATE OF SERTH (month, day, and year) 7. AGE Years Months Days If LESS thay 1 ldey, Ars, Or, min. 8. Trade, profession, or particular months are with a live on the date stated above, at Je A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were est follows: SANYER, BOOKKEEPER, etc. SANYER, BOOKKEEPER, etc. SANYER, BOOKKEEPER, etc. SANYER, BOOKKEEPER, etc. SOUTH TO a secretary or business in which work was done, as SILK MILL, ALL TIME Sociupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME ALL TO A secretary 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Meme ef operation Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 20. FILED IN Sale 3, 19.32. Howey Manner of injury Neture of	HUSBAND of	
TAGE Years Months Days I ILESS that 1 dey. Arts. or min. The PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH and related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH And related causes of importance were es follows: NOTICE OF PRINCIPLA CAUSE OF DEATH AND	S DATE OF SIGH (month day and see) 1010 82 189, 7	he a
8 Trade, profession, or particular kind of work done, as SPINNER, Johnstone Were as follows: 8 Namy ER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, ALL Johnstone Were as follows: 9. Second on the silk of the second of		
8. Trade, profession, or particular and the control of the control	1016	The state of the s
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city er town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PLACE (Address) 19. UNDERTAKER (Address) 20. FILED 12. BIRTHPLACE (city or town) (State or country) Other Contributery Causes of Importance: Other Contributery Causes	8 Tenda profession or particular	Date of onset
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15. MAIDEN NAME ** Accident ** Accident **, suicide, or homicide?** Date of injury.**, 19	(State or country)	
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Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Mah 3, 1932 . Havey the segistrar. (Address) (Signed) Place Manner of injury In any way related to occupation of deceased? (Signed) (Signed) M. D. Registrar. (Address) M. D. Registrar.	Stete or country)	
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20. FILED Mch. 3, 1932. Harvey H. Weis (Signed) P. Bowen M. D. Registrar. (Address) Communication M. D.	putet latucho Grant mar 3,1932	
20. FILED Mch. 3, 1932. Harvey H. Weis (Signed) P. C. Bowen M. D. Registrar. (Address) Communicated Mag. M. D.		24. Wes disease or injury in any way related to occupation of deceased?
	20. FILED Mch. 3, 1932. Harvey H. Weis	(Signed) PCBower M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Carebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURTAU V. O.			
Other contributory causes of importance:		Other contributory causes of importance:	180
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING PER K FOR SI

MARGIN RESERVED

WRITE

V. S. No. 1

П	PLACE OF DEATH	STATE OF MARYLAND
	County allegans	© CERTIFICATE OF DEATH
	106 PT	Registration Dist. No.
	Village or City Sworth (No.	St.: Ward) a hospital or institution, give its NAME is stead of street and number.)
	2FULL NAME DATE CONTROL	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE BSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH mach 23 d, 1932 (Month) (Day) (Year)
2010	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from March 13 192 to march 23 192.
	(Month) (Day) (Year)	that I last saw hamalive on man 2, 192
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
	8 OCCUPATION (a) Trade, profession or Retired Farmer	arteris eclerosio
ומוורי	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Just mos de
	9 BIRTHPLACE (State or country) manyland	Contributory Secondary (Durstion)yrsmosds
401	10 NAME OF Samuel McKenzik	(Signed) M. M. Surusty M. D. D. March 25,7932 (Address) midland - hid
	11 BIRTHPLACE OF FATHER (State or country) Waryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER & and Gussler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Manylaud	At place of deathyrsmosds. In the Stateyrsmosds Where was disease contracted,
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
0	(Informant) Samuel her Kerry 19	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
0 0	(Address) Fracturg. hed Raite 1-1	St. annies arlin- hed march 25, 103?
õ	Filed 3/23 1922 DU.OMLGAN Registrar	m. Now. Winterbarg Gaanteville-lu
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more ranged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return" Laborer,""Foreman,"" Manager,""Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery: man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (c.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state V. S. No. 15 L. WRITE PLAINLY,

MARGIN RESERVED FOR BINDIN

1. PLACE OF DEATH	1236
Oldy, Va A A	Registration Dist. No. / () No
/ // ^	No. St., V f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. If of foreign birth? yrs. mos.
2. FULL NAME & PAUL - NIGHTY IN	rller
(a) Residence: No.	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white named word)	(Month) (Day) 193
5a. If metried, widowed, or divorced HUSBAND of (or) WIFE of Panna? Miller	22. HEREBY CERTIFY, Thet I attended deceased
0 > 1013	1952 to moneu 2) 195
6. DATE OF BIRTH (month, dey, and yeer) 1. AGE Years Months Deys If LESS then	I lest saw have alive on More 1, 1937, death is to have occurred on the dete steted above, at 136.7-m.
5 7 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end raleted causes of importance
8. Trade, profassion, or perticular	ware as follows:
kind of work done, as SPINNER, James	- Klymic Gudrenditis 190
9. Industry or business in which work wes done, es SILK MILL. Farming SAW MILL, BANK, etc.	On itial requiretation
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL. James SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and spent in this	1
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) To Alluna	Other Coutributory Causes of importance:
(State or countys)	- Delaler Decrupusation
E 13. NAME LLONG Miller.	
14. BIRTHPLACE (city or town)	Name of operetion Dete of
(cross of double)	What test confirmed diegnosis? Was there en eutopsy?
# 15. MAIDEN NAME Elizabeth Vorgo	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete er country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pleca A Dete March 193	Neture of injury
19. UNDERTAKER (Address)	24. Wes disease or Injury In eny way releted to occupetion of deceased? No
20. FILED 3/26 , 1932 191/ SASULTY MIN	(Signed) Sosfully
Registrar.	(Address)

CEDTICIOATE OF DEATH

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person ho had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," 7th Find out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "nill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

BUEBAU V. 8.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
other contributory causes of importance:		Other contributory causes of importance:	
Istones	Moy 1,1923	Gastroenteritis	1 year

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MARGIN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor OCCUPA 1. PLACE OF DEATH plnous Registration Dist. No. County_ item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? ______wrs.____mos.___ PHYSICIANS Length of residence in city or www where death occurred statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place f abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a, If married, widowed, or divorced HUSBAND of PERMAN CERTIFY. That I ettended decaased from (or) WIFE of 1 E certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Davs If LESS than to have occurred on the date stated ebove, et stated 1 dayhrs. Tha PRINCIPAL CAUSE OF DEATHmin. SI Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, RESERVED be Jo SAWYER, BOOKKEEPER, etc ... may back should 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.____ 10. Data deceased last worked at no Total time (yeers) this occupation (month and spant in this that occupation instructions UNFADING Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town (State or country) supplied. terms, FATHER 13. NAME See Name af operation ... 14. BIRTHPLACE (city o plain (State or pountry What test confirmed diagnosis? _____ Was there an autopsy?____ should be carefully MOTHER important. 23. If death was due to external causes (VIOL ENCE) fill in elso the following: i. Accident, suicide, or homicide?______ Data of injury______, 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMAN very OF (Address) 18. BURLAL, CREMA Manner of injury WRITE IS. CAUSE mation Nature of injury TION 24. Wes disease or injury in any way ralated 19. UNDERTAKER If so, specify (Address) Registrar. If more blanks are preded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDI

FOR

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rotirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURNAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BIND

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLACE OF DEATH	STATE OF	MARYLAND
- County - C	© CERTIFICATE	OF DEATH
	Registration	Dist. No. 7
Village or City Bartina (No. 2FULL NAME Made Mond PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE. MARRIED.	St: Ward	(If death occurred in a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH	
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I att	
Mar 6, 1932		
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw halive on	
	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:	above, atn
8 OCCUPATION (a) Trade, profession or particular kind of work		
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yrsd
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)	
10 NAME OF FATHER From Mondone	(Signed) J. a, B,	noher M. I
on 11 BIRTHPLACE		arlin
Z (State or country)	*State the Disease Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
(State or country) 12 MAIDEN NAME OF MOTHER A DAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Tran
13 BIRTHPLACE OF MOTHER OF COUNTRY	At place of deathyrsmosds,	ed
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?	
(Interment) Gerret hagen have brang	Former or usual residence	
(Address) Burtin	19 PLACE OF BURIAL OR REMOVAL	man 6 , 1932
In a second seco	000	
Filed Mur 6 192 V, U, Boucher Registras	20 UNDERTAKER	ADDRESS

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state, occupation at beginning of illness. If retired from er," etc., Without more processed in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING gaged in domestic, service for wages, as Serval, Cobb, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation,-Precise statement of ocployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material that fact may be indicated thus; Farmer (re-For persons who have no occupation DEATH

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal leger (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n.ture of the injury, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as Whooping cough; Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid " "Weakness," etc., when a definite disease or intercurrent) Chronic valvular heart disease, affection etc. The contributory need not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is Expermanently filed.

5

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

V. S. No. 1

1. PLACE OF DEATH	CORPORATE LIMITS (F-a)
County Mllenny.	Registration Dist. No.
Village or City Controller	No. 227 Land St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. Now long in U. S. if of foreign birth?yrsd
2. FULL NAME margaret Elizat	the mofley
(a) Residence: No. 227 Casalle (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DEFORCED (write the word)	21. DATE OF DEATH 30 1932 (Year)
5a. If married, widowed or divorced, HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Ni al wh	Meh. 7 ,1932,10 Meh 30 ,1937
5. DATE OF BIRTH (month, day, and year)	I last saw h Lr alive on MCM 30 , 1932; death is sai
7. AGE Years Months Days If LESS than 1 day,hr ormin,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Juflueura 3/2/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	complexated by
10. Date deceased last worked at this occupation (month end year)	Influençal Perrenania 3/24/3
12. BIRTHPLACE (city or town) (State or country)	Other Cautributory Causes of Importance:
13. NAME John Schillons	
13. NAME 11. BIRTHEXACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Chang gary 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT miss many moffley. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Proceedings of the Party Processing State of the Processing St	Manner of injury
19. UNDERTAKER Imio Stein Inc	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? KO
20. FILED July 1932 Harvey Mich	(Signed) While have h. M.
Registrar.	(Address) VVV 00 Culle 57

CEDTICIOATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

BINDI

FOR RESERVED MARGIN

statement PERMANENT (2) certificate properl THIS be Jo may back pluods on that instructions 08 See carefully ā important. Ξ DEATH Should OF WRITE AUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OBATE LI County Registration Dist. No. Village or City Ward (If death occurred in a hospital or Institution, give its NAME, instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death_occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (subite the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated abova, al-1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Data decaased last worked at 11. Total time (years) this occupation (month and spent in this coupation Other_Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? ----- Was thera an autopsy?_____ MOTHER 15. MAIDEN NAM 23. If death was dua to external causes (VIOLENCE) fill in also tha following: 16. BIRTHPLACE (city ar Accident, suicide, or homicide?... Date of injury.... (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) Manner of injury bay Date Mar Natura of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify .. (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

WITHIN CORPOSTATE OF MARYLAND-	CERTIFICATE OF DEATH 62371
1. PLACE OF DEATH	
County County	Registration Dist. No.
Village or City Curbaland	No. 47.2 St., Ward If death occurred in a hospital or iostitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stellborn	ewcomes_
(a) Residence: No. 472 Joethe	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 19 1932 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22 LIVED EDV CERTIEV THAT A MANUAL CONTROL
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Manh 19, 1932	I last saw h alive on Male 1932; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2-Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stellbith
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. O Data deceased last worked at this occupation (month and the control of the c	
Data deceased last worked at this occupation (month and year)	
MARRON	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Lloyd E. Newcomer	
13. NAME Floy E. Newcoma. 14. BIRTHPLACE (city or town). (State or country).	Name of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leave England I to eleave to the land of the land	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Coyal F. Mayoranan (Address)	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19, 1927	Nature of injury
19 UNDERTAKER Talker	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cumbuland wd,	If so, specify P 1
march Meh 19 mm Harren / htt	(Signad) (1. 71, c) revaskes M.D.
20. FILED 7	(Address) Cumberland md,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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			F MAR	RYLAND—	-CERTIFICATE OF DEATH 62372
1.	PLACE OF DEAT	7			THIN CORPORATE LIMITS Registration Dist. No. 4
	County GC	rega	y	1	THIN CORPORT
	Village or City	undel	rere	and W	ND. // O M. Second W.
	Length of rasidence in city	or town where d	eath occurred	yrs,mos	
2.	FULL NAME	v Lee		PIL	let -
	(a) Residence No. 7	110	W Se	end Co	/st.1-2 Ward.
AUTOM	(a) mesiscince (1)		(Usual place	ee of abode)	If nonresident give city or town and State
	PERSONAL AND		CAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. SI T-e	Exacte 4. color	OR RACE		ARRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Yea
5a. 1	f married, widowed, or divore HUSBAND of	ed		1)	
	(or) WIFE of				1 HEREBY CERTIFY, That I attended deceased
6 D	ATE OF BIRTH (month, day,	and wase) On	1811	1930	I last saw h. A alive on Leave 4 , 1932; death is
7. AC		Months	Days	If LESS than	to have occurred on the date stated above, atm.
	1	8	0	l day, hrs.	mara as follows.
z	8. Trade, profession, or par	ticular		1 01	Date of
TION	kind of work done, a SAWYER, BODKKEEP			wie	Bronoho Pum
JPAT	Nork was done, as SI SAW MILL, BANK, et	which LK MILL,			3 19 7
CCU	10. Data deceased last work		11. Total	I time (years)	
0	this occupation (mont	h and	SI SI	pent in this	
12 (BIRTHPLACE (city or town)		mod		Other Contributory Causes of importanca:
14.	(State or country)				(fluence)
ER	13. NAME Lean	and	Pole	illihm	
FATHER	14. BIRTHPLACE (city or tow	m)	10	Full	Name of operation
-	(State or country)		1	1100	What test confirmed diagnosis? Was there an autopsy?
TER-	15. MAIDEN NAME	arlot	te Jo	luson	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or tow	n)	1	2	Accident, suicida, or homicida?
Σ	(State or country)	0	000	14	Whera did injury occur? (Specify city or town, county and State)
17. 1	NFORMANT (Lank (Address)	berlo	Hull	ips and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. 8	BURIAL, CREMATION, DR RE	MOXAL -A	qui	-1.	Manner of injury
	Place Tose Mill	and a	Date	W 10-,193 Ju	- Nature of injury
19. U	UNDERTAKER Jours	Steri	Lug	md.	24. Was disease or injury in any way related to occupation of deceased?
	(Address)				
20.	FILED Mch. 10 19	32.74	me.	HUV.	(Signed) & Allan Shum

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example I	İ	Example II	
The principal cause of de of importance were as fol	eath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	RECUIDE	1921	Run over by street car	1 week ago
Corebral hemorrhage	APR 6 1932	July 5,1927	Peritonitis	3 days ago
Other contributory cause	SURTAU V.	• 1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis APR tj 1032	1915	Attack of epilepsy	1 week ago
Chronic interstitial prephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURKAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City Combreland MM	No. Allocation To a fact St., Ward If death, occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,m	os ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Gordan Talls	
(a) Residence: No. Deroh Valley	St., Ward. Genna.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Monlh) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from May 17 1932 to May 18 1932
6 DATE OF RIPTH (month day and year) May 11, 1889	I last saw ham alive on Marsh 18, 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.30 Am.
42 / 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cotros Jung
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Conversely and the second of the	House burned down . Lived 2 days
10. Date deceased last worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	Quig B
year) vesupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
=	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city er town). (State or country)	Where did injury occur?
17. INFORMANT Mary Ray Patts-Wife (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Due has Valley Tw Date Mar 78, 103	Nature of injury
19. UNDERTAKER Jours Atem Lug (Address)	24. Was disease or injury in any way related to opening of deceased?
20. FILEDRIA 19 1922 Hang / ME Registrar.	(Signed) (Address) (Address)
	ir, 2411 N. Charles Street, Bacore, Requesting U. S. No. 1.

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Example I	i i	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage APR 0 1932	Juby 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

MARGIN RESERVED FOR BINDIN

	F MARYLAND-	CERTIFICATE OF DEATH	2374
1. PLACE OF DEATH	ъ.	1	4014
County elleg an	1.24	Registration Dist. No. 9	
Village or City	elberia	No. St., [f death occurred in a hospital or institution, give its NAME instead of street and	l number)
Length of residence in city or town where	7.	s. ds. How long in U.S. If of foreign birth? yrs.	
2. FULL NAME Many	Inw Pricha	1	
(a) Residence: No.	34 Bower	St., Ward.	
	(Usual place of abode)	If nonresident give city or town as	d State
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE	1	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193.2
5a. If married, widowed, or divorced	Nedovel	(Month) (Day)	(Year
(or) WIFE of	B. Preshard	22. HEREBY CERTIFY, That I attende	d deceased
6. DATE OF BIRTH (month, day, and year)	Bely 184.1	I last saw held elive on mass 14 193	2 death is
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 3:20 Am.	
88 6	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.0
8. Trade, profession, or particular kind of work done, as SPINNER,	1/ 1/1	0.00	Date of
SAWYER, BOOKKEEPER, etc.	James May	Sendly	
work was done, as SILK MILL,			
10. Date deceased last worked at	11. Total timo (years)	no endence of disease sensity	
this occupation (month and year)	spant in this occupation	Cuff	
12. BIRTHPLACE (city or town)	(Other Contributory Causes of Importance:	
(State or country)	ales		
13. NAME Very	Harris -		
4 14. BIRTHPLACE (cîty or town)	W-1	Name of operation Date of	
r Country)	Voles	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME	a Jones	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town)	W- 0.	Accident, suicide, or homicide? Date of injury	, 19.
?	Malis	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT	Thee ?	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, DR REMOVAL	morey mis	Manner of injury	
Place Ming and Co	Date Mauf 8 , 1932	Nature of Injury	
19. UNDERTAKER 19-9 10	e- ¥	24. Was disease or injury in any wey related to occupation of deceased?	
(Address)	Y-A D	If so, specify.	,
20. FILED 3/17,1932 20	110 Th Land	(Signed) 1991 Charles	
-, , , , ,	Registrar.	(Address) LSA Trucker	md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in Maxwer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Carles Control of the	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

of OCCUPA.

Exact statement

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

-WRITE

V. S. No. 1 m

Village or City CHMBERLAND, MD. MEMORIA H. LOSD THAT Megist or institution, age in NAME intended for section of residence in city or sown where death occurred. Length of residence in city or sown where death occurred. Length of residence in city or sown where death occurred. RAINES, BABY BOY 6 HOURS (3) Residence: No. SALVATION (LARRING J. SUMBERLAND), MD. Ward. RESIDENCE A COLOR OR RACE WITHER DARKIED, WIDOWED, MALE WITHER DARKIED, WIDOWED, MALE WITHER OR DAVIDED OR DIVORCED Currie the word) So. If married, widowed, or divorced WITHER OR DAVIDED OR DIVORCED Currie the word) The DATE OF BIRTH (month, day, and year) MARCH 28, 1932 List saw h.A. alive on. Malve on. Malve of the sound of control or sound of the sound o		1. PLACE O			IN CORPO	PATE LIMIT	S (2375)	
Length of residence in city or town where death occurred. 2. FULL NAME RAINES, BABY BOY (a) Residence: No. SALVATION (MARMAN, and SALVANDO) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE WHITE S. SINCLE MARRID, WIDOWD, OR DIVORCED (warrie the word) TNPAND 2. LI HEREBY CERTIFY, That I attended decessed from 1 and 1 an		County					Registration Dist. No.	
(a) Residence: No SALVATION (CAMPACE a body MBERLAND), MD Ward. PERSONAL AND STATISTICAL PARTICULARS J. SKX MALE 4. COLOR OR RACE WHITE S. ON ROLE MARRING MODES MARCH 29, 1932 SOUTH MARCH 29, 1932 T. AGE WHITE 5. ATTEMPTORY OF PIRTH (month, day, and year) MARCH 28, 1932 T. AGE Years MARCH 28, 1932 T. AGE Wester Months Days 11 LEG than Lay, hrs. or min. 8. Trada, profession, or particular work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or business in which work done, as SPINNER, SAWTER, BOOKKEPER, etc. 29. Industry or bus		Length of resi	denca in c	ity or town where d	leath occurred	yrsmos	osyrsmos	
(a) Residence: No. SALVATION (MARKEY a body) PERSONAL AND STATISTICAL PARTICULARS 3. SEX MALE 4. COLOR OR RACE S. SIKEL, MARKER, WIDOWED, OK DIVORCED (write the word) T. N. PANT E. DATE OF BIRTH (month, day, and year) MARCH 22. MI HEREBY CERTIFY, That I attended deceased from the standard and state to have occurred on the date stated above, at 2. I 10. As. Me to have a stated above, at 2. I 10. As. Me to have occurred on the date stated above, at 2. I 10. As. Me to have a stated above, at 2. I 10. As. Me to have a stated above, at 2. I 10. As. Me to have a stated above, at 2. I 10. As. Me to have a state	The state of the s	2. FULL NA	ME	THINES,	DADI DO	, 4		
3. SET MALE 4. COLOR OR RACE MALE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (curred the word) FINFANT So. If instrict, widowed, or divorced (or) vire of or or divorced (or) vire of or or or or or or or or or or or or or						CUMBER	LAND, MD. Ward. If nonresident give city or town and State	
MALE WHITE OR DIVORCED (write the word) 5a. If married, witdowed, or divorced HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO ON OR HUSANO OR HUSANO ON OR HUSANO	_		1		CAL PART	ICULARS		
22. HEREBY CERTIFY, That I stiended decessed from (or) Wife of (or) Wi		MALE	WI	HITE	OR DIVORCE	D (write the word)	MARCH 29, 1932	
6. DATE OF BIRTH (month, day, and year) MARCH 28 1932 7. AGE Years Months Days If LES than I day, hrs. of min. S. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. S. MONTER, BOOKKEPER, etc. S. Months It also the secased last worked at worked at years of the secased last worked at years of the secased last worked at years of the secased last worked at the secased last worked at the secased last worked at the secased last worked at the secased last worked at the secand last worked at the	5a	HUSBAND of						om
7. AGE Years Months Days If LES than I day,		DATE OF BIRTH	(month da	wand wass MA	RCH 28.	To32		aid
8. Trads, profession, or particular forms and of work done as SPINER, SAWYER, BOOKKEPPER, etc. 3. Industry or business in which work was done as SILK MILL, SAWYER, BOOKKEPPER, etc. 3. Industry or business in which work was done as SILK MILL, SAW MILL, BARK, etc. 10. Data deceased last worked at this occupation (month and year) 11. BIRTHPLACE (city or town). MARYLAND. (State or country) 12. BIRTHPLACE (city or town). MASS 13. NAME Charles Keith 14. BIRTHPLACE (city or town). WEST VERGINIA (State or country) 15. MAIDEN NAME MAY RAINES 16. BIRTHPLACE (city or town). WEST VERGINIA (State or country) 17. INFORMANT (Address) CUMBERLAND, MD. 18. BURIAL, CREMATION, OR REMOVAL Cremation Place Memorial Hospital Mass 19. UNDERTAKER Memorial Hospital Mass 24. Was disease or injury in any way related to occupation of deceased? Mass deceased? 19. UNDERTAKER Memorial Mass occupation of deceased? Mass deceased? 19. UNDERTAKER Memorial Hospital Mass occupation of deceased? Mass deceased? 19. UNDERTAKER Memorial Hospital Mass occupation of deceased? Mass deceased? Mass deceased? 24. Was disease or injury in any way related to occupation of deceased? Mass						If LES than I day,hrs.	to have occurred on the date stated above, at 2: IO A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
12. BIRTHPLACE (city or town) MARYLAND	TION	8. Trada, profe kind of s SAWYER	work done, BOOKKE	as SPINNER, EPER, etc			Date of ont	et
12. BIRTHPLACE (city or town) MARYLAND	UPA	ndustry or work wa	s done, as	SILK MILL.				
13. NAME Charles Keith	000		ed last wo pation (mo	rked at	spa spa	nt in this		
13. NAME OFFITTES RETURN 14. BIRTHPLACE (city or town) Mass	12			MARYLAN	ID			
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED 10. What test confirmed diagnosis? Was there an autopsy? 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury Nere did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 25. Specify (Signed) 26. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 26. BIRTHPLACE (city or town) What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? 26. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? 27. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an autopsy? 28. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred	2	1 02		es Keith	1		Jamonage fran Coll	
15. MAIDEN NAME MAY RAINES 16. BIRTHPLACE (city or town) WEST VIRGINIA Accident, suicide, or homicide? Data of injury 19. UNDERTAKER MEMORIAL HOSPITAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	FATHE	14. BIRTHPLACE		own)	Mass			
16. BIRTHPLACE (city or town) WEST VIRGINIA Accident, suicide, or homicide? Data of injury 19.	2			MAY RATN	IES			
MEMORIAL HOSPITAL (Address) CUMBERLAND, ND. 18. BURIAL, CREMATION, OR REMOVAL Cremation Place Memorial Hospital, No. 19.3 19.3 19.3 19.3 19.3 19.3 19.3 19.		16. BIRTHPLACE	(city or to			1IA	Accident, suicide, or homicide? Data of injury, 19	
Place Memorial Hospiton , 19.2 19. UNDERTAKER Memorial to fold (Address) 24. Was disease or injury in any way related to occupation of deceased? NO (Signed) (Signed) (Address) (Address) (Address) (Address) (Address) (Address)	17. INFORMANI						(Specify city or town, county and State)	
(Address) Comboling (Signed) If so, specify (Signed) M. D. (Signed) M. D. (Address) Face Marian Comboling (Address) Face Marian Comboling (Address)	18					on 4 4 ,193 2		
20. FILED 11-20, 19.5 (Address) 124 Marian Curch M.A.,				tofil	of	A		
	20	. FILED Mel	29.	19JV Ha	may U	Registrar.		. D

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	Mis mineral cause of death and malated causes	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1921 July 5 , 1927	1915 Attack of epilepsy 1921 Run over by street car Iuly 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURTAU W.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(95-6)
	County Alle garry,	Registration Dist. No.
	Village or City Cook	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrs mos ds.
	2. FULL NAME Colinabeth Long Marren	seroff
	(a) Residence: No.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
2	PERSONAL AND STATISTICAL PARTICULARS SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
,	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1. If merried, widowed of divorced	21. DATE OF DEATH March (Month) 2/11 (Year)
Jd	HUSBAND of Mouras & Navenscraft T	22. I HEREBY CERTIFY, That + attended deseased from
-	1 1 181%-	I last saw her dead on mar. 21, 1932; death is said
	AGE Years Month's Deys If LESS than	I last saw har alive on on Mar. 21 , 1932; death is said to have occurred on the date stated above, et. /1:457 m.m.
	y 6 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade profession or particular	were as follows: Date of onset
2014	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	She lived alone, no physician.
くしつつ	9. Industry or business in which work was done, as SILK MILL	Probably some heart lesion
	SAW MILL, BANK, etc	Levys
	2. BIRTHPLACE (city or town) alle 3 duy es Mid:	Other Contributory Causes of Importance:
-	(State or country)	
LAINER	13. NAME Haland, K Daylon	
	14. BIRTHPLACE (city or town)	Name of operation Date of
	(State or country) (Illegery 6)	What test confirmed diagnosis?
2222	15. MAIDEN NAME flower Doughton	23. If death was due to external causes (VIOLENCE) filt in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	(State or country) by they arry (S	Where did injury occur? (Specify city or town, county and State)
7	7. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8	B. BURIAL, CREMATION OR REMOVAL	Manner of injury
	Placed of the Chiefly Deto Mar 23, 1932	Nature of injury
19	9. UNDERTAKER OF TO GERAL (Address) Trus of The Grand of the Grand of	24. Was disease or injury in any way related to occupation of deceased?
20	0. FILED 3/23 , 1932 Affantibabas	(Signed) JAM. A. Flich, M.D. (Address) Leyser, K. La.
-	Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I was called to deceased show about 2: 20 Pm. on mar. 2.1, 1982. The had been
living alone and was found dead in bed about 11:45 AM. by relatives, There were
no marks or indie ations of violence or of a struggle. Since she had not had
a shusician for years, and abhad not seen had thefore it would be difficult
The coroner of allegany to. md. has given me authority to sign this certificate
The coroner of allegany Co. md. has given and authority to sign this certificale
de la companya de la

VITHIN CORPORSTATE OF MARYLAND—C	ERTIFICATE OF DEATH 69378
1. PLACE OF DEATH	93-2
County Allegany.	Registration Dist. No.
Village or City Comberland	No. Allegany by Home St. 3 Ward
(If deal	th occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME O Typhille Vo Scele	L
(a) Residence: No. Allegany Com Itml	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	1. DATE OF DEATH
OR DIVORCED (write the word)	3- 75- 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSPAND of	I HEREBY CERTIFY, That I attended decaased from
	2.25. 1032, 10 3.25. 1932
	last saw h alive on 19.3 2 death is said
	o have occurred on the date stated abova, at 0.23. /m.
0 1 13 ormin.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
Note the second last worked at this occupation (months and	10/1-12/100
9. Industry or business in which work was done, as SILK MILL, AL JAmes.	Ohrance My Deartition
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	orner Countinatory Causes of importance.
(State or country)	
13. NAME Sames 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) N	Name of operation Date of
(State of country)	Vhat test confirmed diagnosis? Was thera an autopsy?
	I. If death was due to exteroal causes (VIOLENCE) fill In also tha following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19,
	Where did injury occur?(Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
plan Orace Hell Censon Fren 28 10 32	Manner of injury
() . # 0	Nature of injury
	I. Was disease or injury in any way related to occupation of deceased?
MI P 28 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) All Allian P. D.
20. FILED Registrar.	(Address) Mussleel Did
	1 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, au occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	~f	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURVAU V. B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	Moy 1,1923	Gostroenteritis	1 year	

PLACE OF DEATH STATE OF MARYLA CERTIFICATE OF DEATH Registration Dist. No. EXACTLY is classified (If death occurred in Ward) Village or City a hospital or institution, give its NAME is properly class stead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. eq WIDOWER back OR DIVORCED Write the word) (Month)(Day)... nay hould I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH no क्ष क struction (Year) (Day) (Month) U th If LESS than and that death occurred on the date stated above, 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. THIS ds. or min.? E ins & OCCUPATION tel 99 sul n t (a) Trade, profession or particular kind of work H in plain (b) General nature of industry business, or establishment in which employed or (employer) Contributory Secondary 9 BIRTHPLACE Q (State or country) 4 (Duration) BM to NAME OF OL (Signed) Ye I Shot (1) 11 BIRTHPLACE STZ I is ase Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury and (2) Whether S on (State or country) DA C Accidental, Suicidal er Homicidal. لنا 12 MAINEN NAME 18 LINGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-Cr O OF MOTHER 4 ients or Recent Residents) 0 0.0 13 BIRTHPLACE State.....yrs....mos.... OF MOTHER of death ... (State or Country) Where was disease contracted, 00 it not at place of dea h? hour of 14 THE ABOVE IS TRUE TO THE Former or lans sho usual res.dence. DATE OF BURIAL 9 PLACE OF BURIADOR REMOVAL S C I 20 UNDERTABLER If more banks are needed, address tate negistrar, 13 W. Saratoga St., Balto., Lequesting V. S. Lo. 1.

Z

ESERVE

MARGIN

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEAT gaged in domestic service for wages, as Servant, Cook,
Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Drepsy, "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," st_ted unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. MARGIN RESERVED FOR BINDIN mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAN

V. S. No. 1 ż Exact statement of OCCUPA-

properly classified.

1. PLACE OF DEATH	
County Allegaring	Registration Dist. No.
	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street, and number)
Length of residence in city or town where death occurred for yers wos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Degse Catherine Re	eges.
(a) Residence: No. Vesturbert md. Skru	ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (rurrice the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
I. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1. 1/100	The state of the s
AGE Years Months Days If LESS than	
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 720 + em. The PRINCIPAL CAUSE OF DEATH and related causes of importance
16 0rmin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Labor meumanca 3/18/
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BÄNK, etc	
	r
10. Date deceased last worked at this occupation (month and year)	
West I to	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) Janfran	
. 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Martersport	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Markenfort	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
INFORMANT Collin Reeves	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) It interplant 3 ct	
B. BURIAL, GREMATION, OR REMOVE	Manner of injury
Place Westernament Date Marie 23, 1937	Nature of injury
HADERTAKER ASS. B. O.	24. Was disease or injury in any way related to occupation of deceased?
O. UNDERTAKER (Address)	If so, specify
- John J. J.	il so, specify
FILED May 24 1932 Colombaker	(Signed) Of derry

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Allgary,	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Hazman /16	wer.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jensale Johnste Starte Married, Widowed, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or-divorced HUSBAND-of (or) WIFE of Levi Wilson Theiber	1929 to march 6 , 1937 flast saw h alive on march 17th 1932; death is said
6. DATE OF BIRTH (month, day, and year) 100. 1 809 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 1 3 9 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Amoustry or business in which	Pernicione anaemia / d1/24
A Had, professing, of particular professions, of	
year) occupation 12. BIRTHPLACE (city or town) January Land (State or country)	Other Contributory Canses of importance:
13. NAME There of the state of	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary a Harry 16. BIRTHPLACE (city or town) 2 alex	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?
(State or country) 17. INFORMANT MANUELSON Reiber (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Care Hell Contempore Trav 2 1, 1932	Manner of injury
19. UNDERTAKER AL Carellanting Jud	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/2(,132) E. Vorfleries Registrar.	(Signed) M. J. M. B. (Address) M. B. M. B.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exa	mple I		Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Perilonitis	3 days ago	
	MAY & 1932				
Other contributory causes of	importance: V. S.		Other contributory causes of importance:		
Gallstones	and the second	May 1,1923	Gastroenteritis	1 year	

If nonresident give city or town and State 193 2 (Day) (Year) CERTIFY. That I attended deceased from Date of onset Was there an autopsy?____. (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	i	Example II		
The principal cause of of importance were as	death-and related causes Follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	REC	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	Chronic interstitial nephritis		Run over by street car	1 week ago	
Cerebral hemorrhage	APR	July 5,1927	Peritonitis	3 days ago	
	BUETAU V.S.	1			
Other contributory car	ases of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state WORTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

V. S. No. 1

Ci	PLACE OF Tycomynits	Alle	EO		YLAND—	Registration Dist, No. 4	383
	Village or Cit	У		ath occurred	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and a ds. How long in U.S. if of foreign birth?yrsmc	
2.	FULL NAM	ie Mi	lare	d Rice			
	(a) Residenc	e: No	1 NAME	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND ST	ATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	EX Female	4. COLOR OR R.	ACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Man 5, 1030	, 193 (Year)
5a. I	f married, widowe HUSBAND of (or) WIFE of	d, or divorced				22. 1 HEREBY CERTIFY That I attended	deceased from
6. D	ATE OF BIRTH (nonth, day, and yes	ar)	Art	18.1930		death is sald
7. A	GE Year	s Mi	onths 7	Days 7	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
ATION	9. Industry or b	sion, or particular ork done, as SPIN BOOKKEEPER, etc. usiness in which				Brondial priemmia	1932
OCCUPATION	SAW MILI 10. Date decease	done, as SILK MII	LL, 	sp3	ime (years)		
12.	year) BfRTHPLACE (cit) (State or coun	try)		I.d.	upation	Other Contributory Causes of importance:	1932
HER.	13. NAME	3 72 21	CP				
FATHER	14. BIRTHPLACE (State or					Name of operation	autopsy?
ER.	15. MAIDEN NAM	e Gra	C = K	nigenh	re	23, If death was due to external causes (VIOLENCE) fill in also the following	:
MOTHER	16. BIRTHPLACE (State or	(city or town) country)			Md.	Accident, suicide, or homicide? Date of Injury Where did Injury occur? (Specify city or town, county and State	
17.	INFORMANT	vi Rice	1. R	out 4		Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATI	ON, OR REMOVAL	. Ma	Date	. 27. 19	Manner of injury	
19.	UNDERTAKER(Address)	ana.c		و دار پ		24. Was disease or injury in any way related to occupation of deceased?	leo .
20.	FILED U.B.	-6,19.2-	· M	iney	Pegistrar.	(Signed) Less Hodges (Address) Cumberland	mol. D.

SESTIFICATE OF BEATLE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple-I	3 1	Example II		
The principal eause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	400 0 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	H110 10 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Grauvs.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

Latich

62384

1. PLACE C	OF DEATH	WIT		(93-2)
County	All any	7711	HIM CULTUR	Registration Dist. No.
Village or	City Cumber	olena. No		No. 516 Ward St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of re	sidence In city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NA	AME 5 AMU	tel.F.Ri	ce	
(a) Reside	Casalar	Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSO	NAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 2.10	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH 14. 193. (Month) (Day) (Year)
5a. If married, wido HUSBAND of (or) WIFE of	owed, or divorced	Rice		22. I HEREBY CERTIFY, That I attended deceased from 193/, to max 2 9, 19 33
6. DATE OF BIRTH	f (month, day, and year)	Aug 15 :	1844	I last saw h six alive on han 24, 1932; death is said
7. AGE Y	ears Months	Days 10	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
Nind of SAWYE	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc r business in which was done, as SILK MILL,	. , , ,	ime .	pryocardules 1/1-3/
	IILL, BANK, etcased last worked at cupation (month and	S D S	time (years) ent in this	-
	(city or town)	Md		Other Contributory Causes of Importants:
13. NAME	Don't Know			
	CE (city or town)or country)	Don't line) #	Name of operation Date of What test confirmed diagnosis? Clause Was there an autopsy? No
15. MAIDEN N	NAME Don't	Mr. weall		23. If death was due to external causes (VIOLENCE) fill in also the following:
=	CE (city or town) or country)		replinow.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)			u MQ	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREM	ation, or removal	Date	2.27.102	Manner of injury
19. UNDERTAKER (Address)	Jen.C.			24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Les	Re 184 Ha	mey 6	NOERegistrar.	(Signed) Cumbulang Ing

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal eause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis , < = EN/		1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	APR 6 1932	July 5,1927	Peritonitis	3 days ago	
	BUREAU V.S.				
Other contributory	dauses of importance:		Other contributory eauses of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	PLACE OF DEATH	
	County allegany CORPORAT	TE
te.	Village or City Cumberland (No. alley	a
tiflca	2FULL NAME Sampony	1
cer	PERSONAL AND STATISTICAL PARTICULARS	
back of	Male Hite (Write the word)	1
ons on t	6 DATE OF BIRTH 2	
structio	7 AGE Worth) (Bay) (Tear) (Tear) (Tear) (Tear) (Tear) (Tear) (Tear)	a
See ir	8 OCCUPATION (a) Trade, profession or particular kind of work	
ortant.	(b) General nature of industry business, or establishment in which employed or (employer) W. M. R.R.C.	
lmp	9 BIRTHPLACE (State or country) West Va	
very	FATHER Shord Roberson	C
0 0	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NA(E)	-
A	of Mother line Roberson	1
0000	13 BIRTHPLACE OF MOTHER (State or Country) West or	0
oment of	(Information Clic Polerson	if Fu 11
1618	15 Filed Mch. 14 1932: Harvey H. Weiss Registrar	32/1
1	If more branks are needed, address State Registrar	. \

STATE OF MARYLAND

E LI JOUR CERTIFICA	TE OF DEATH
Registrati	ion Dist. No.
Jakerson	ard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICAT	E OF DEATH
	13 71931 (Day) (Year)
	attended the deceased from
	3-13,1982,
that I last saw halive on	3-12: 19282
and that death occurred on the date st	
The CAUSE OF DEATH * was as follows	
0.0000000000000000000000000000000000000	***************************************
Contributory Massilley 1	Linus Jas. yrs. mos. / D. ds.
(Signed) P Bow	
3-14 1982 (Address)	mherland no
*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Heights or Recent Residents)	ospitals, Institutions, Trans-
At place of death yrs mos. 4 ds.	the Stateds.
Where was disease contracted, if not at place of death?	
Former or S. Cumberl	and.
19 PLACE DF BURIAL OR REMOVAL	DATE OF BURIAL
Harris 11/10	may 1619 32

WITS

ADDRESS

16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeation as vay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from gaged in doinestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a to know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Year)

Date of onset

state infor plnods PHYSICIANS Every statement RECORD. PERMANENT classified. BINDIA × certificate. properl FOR RESERVED be Jo back may should no that instructions 5 UNFADING MARGIN See carefully important. should CAUSE mation TION

1. PLACE OF DEATH Allegany County Registration Dist. No. Village or City Cumberland. Md Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? vrs. mos. Length of residence in city or town where death occurred___ DAVID H ROBERTSON 2. FULL NAME ALLEGANY COUNTY HOME. CUMBERLAND MARYLAND If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Male White Widowed (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Davs to have occurred on the date stated above, at 1 day....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 13 46 ormin. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..... TO: Date deceased last worked at 11. Totel time (years) this occupation (month and spant in this occupation _____ Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) ENOS ROBERTSON FATHER 13. NAME MARYLAND 14. BIRTHPLACE (city or town) ____ (State or country) What test confirmed diagnosis? Was there an autopsy? AMANDA SIMMONS OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: WEST VIRGINIA Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) __ (State or country) Where did injury occur?____ (Specify city or town, county and State) MEMORIAL HOSPITAL Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) CUMBERLAND 18. BURIAL, CREMATION: OR REMOVA Manner of injury Nature of injury. 24. Was disease or injury in/any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Bill Di V.C.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	/	
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

E	OF	DEATE	6238

1. PLACE O	F DEATH Allegar	77	-	Penictration Diet No. 4
County				Registration Dist. 140.
Village or (city Cumber	land. mo	WILLIAM C	No. 9 Ridgeway Teny 905 55, 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of res				death occurred the hospital of historical give its 144142 historical of street and humber? ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NA	ME Duke.	.Sapp		
(a) Resider	Cube	erland.	IId	St. Ward.
		(Usual place		If nonresident give city or town and State
	VAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
nalo	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH Mar 6 1932 (Month) (Day) (Year)
ia. If married, widow HUSBAND of		C4		
(or) WIFE of	rathrine.	sapp		22. I HEREBY CERTIFY, That I attended deceased from
D. M. C. D. D. D.		lune.	2.1901	i last saw h. M. alive on March 19.3 Z; death is said
	(month, day, and year) ars Months	Days	If LESS than	to have occurred on the date stated above, atm.
30	8	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profe	ession, or particular work dona, as SPINNER,	, eatar	m. Maryl	Explanation & Cardine parshque Date of onset
SAWYER	R, BOOKKEEPER, etc			
9. Industry or work wa	business in which as done, as SILK MILL, ILL, BANK, etc	Tireman		
10. Data decea	sad last worked at upation (month and		time (years)	*
	apation (month and	occ	upation	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)	WV3		Firm delatation of the fruit 424
(Stata or cou				Chronic myorarditis
13. NAME	Geo.B.3			ansungen of the most of the costs.
14. BIRTHPLAC	E (city or town)	Pa.		Name of operation
(State o	or country) AME Laura Ba	niole		What test confirmed diagnosis? They was there an autopsy? Me
15. MAIDEN NO.	AME Dadia. Da,	I.T.G.W.		23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLAC	E (city or town)			Accident, suicide, or homicida? Date of Injury, 19
	Laura. Sa			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
<pre>17. tnFormAnT (Address)</pre>	Cummin	id. nd		openity mixing vicinities in the outer, in home, or in touch tende.
man -	tion, or removal	Date Mc	L. 10, 1932	Manner of injury
19. UNDERTAKER	John.C. Wol	lford id: Md		24. Was disease or injury in any way related to occupation of deceased?
h -	07 32 10	70000	IMA) P.	(Signed) W Doming M. E
20. FILED LIVE	D. 19. 2. 0	wirt	Registrar.	(Address) 67 N. Contral &

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SURTAUN				
Other contributory causes of importance:	==-	Other contributory causes of importance:		
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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAT Registration Dist. No. 4 Village or City (If death occurred in a hospital or institution five its NAME instead of street and number) How long in U.S. if of foreign birth? statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH VORCED (write the word) (Month) (Year) classified 5e. If married, widowed, or divorced HUSBANO of BINDI 22. CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE Years If LESS than Months to heve occurred on the date stated above, at 1 day, The PRINCIPAL CAUSE OF DEATH and related causas of importance or min. were es follows: Oata of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED of back 9. Industry or business in which may pluods work was done, as SILK MILL. SAW MILL, BANK, etc ... on 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that year) occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13, NAME See 14. BIRTHPLACE (city or town (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State er country) Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CRE Manner of injury LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOFRTAKER (Address) If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRIE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		62390
County Allegan	4	Registration Dist. No
Village or City Lafracup	ama	No. St., Ward
Langth of rasidanca in city of town whera daath or	A	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds,
2. FULL NAME	wit on of	and the
(a) Residence: No.	antiny	St. Ward.
	Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH
hemale Afrite &	named	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	0 3,1	22. HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Thomas	2 Smith	7 1/2 27, 1932, to March 3, 1932
6. DATE OF BIRTH (month, day, and year)	17 1880	I last saw h aliva on
7. AGE Yaars Months	Days If LESS than	to have occurred on the deta stated above, at Aut 6 49/m.
57 8	16 l day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER,	a se se estas la	Spumma
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	rueno o un	Forur worth proge 23 tu
work was done, as SILK MILL, SAW MILL, BANK, etc		(J
SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Oh o Contillation Control Institute
12. BIRTHPLACE (city or town)	land	Other Contributory Causes of importance:
(Stata or country)	1): 1 A	
13. NAME William	Malcolm	V
13. NAME William 14. BIRTHPLACE (city or town) Scale	tland	Name of operation Date of Date of
(Stata of country)	C #	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	scoll,	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Land	Accident, suicide, or homicide? Date of Injury, 19
(Steta or country)	f If	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT I frimas	mully for	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL KLYPEN,	W. Va	Manage of inture
Place Dulluxpoint Com. Date		Manner of injury
	Vacan a co	
19: UNDERTAKER (Addrass)	acarino VIII	24. Wes disease or Injury In any way related to occupation of dacaesed?
h. 15 - 010	7 B	(Signed) M. P.
20. FILED 1932 X 1932	Registrar.	(Addrass) Juffer Was
If more blanks o	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APR 5 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BURSAU V.	1		100
		1	•.	
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u></u>		

ADDITIONAL .	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDI

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Specify city or town, county and State) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Oay)

. That I attended deceased from

(Year)

Oate of onset

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Gallstones	May 1,1923	Gastroenteritis	1 year

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N. B.-WRITE

V. S. No. 1

1. PLACE OF DEATH	93-c 62392
County aller and	Registration Dist, No.
Village or City & Bale Mines (16	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Mr Sp	Muas
(a) Residence: No. Bull (Usual place of abode)	Ost., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Male Manuel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, for divorced, HUSBAND of (or) WHE of Chal Speta	1 HEREBY CERTIFY. That I attended deceased from 1/126 20. 1932 to 1/126 21. 1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Deys If LESS than	I last saw healive on 1987 death is said to have occurred on the date stated above, at 1987 m.
62 2 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	(tregre andition
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or husiness in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked et this occupation (month and year) year) 124 135 11. Total time (years) spant in this occupation occupation.	
- Jun	Dthes Coutributory Couses of Importance:
12. BIRTHPLACE (city or town) (State or country)	and the second
13. NAME Churter Spelgnoz	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME L	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
17. INFORMANT (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place College Date 3/2 1, 13-2	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? Yes
20. FILED 23, 1932 N. N. O. M. C. Registrar.	(Signed) M. D. (Address) M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
\[\langle \langle \langle \text{lstones} \]	May 1,1923	Gastroenteritis	1 year

	County allegary	Registration Dist. No.
	Village or City Calabata md	No. 26/11. Canter & St. 2
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	OV. D SA- At	ds. How long in U.S. if of foreign birth?yrsmos
	2. FULL NAME CHARLES / Har	
	(a) Residence: No. 50 7 Complete of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	Nale 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, COLOR OF RACE (white the word)	21. DATE OF DEATH Warsh (Month) (Day) (Yo
5	a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decease
-	(or) WIFE of Sessie M Kenschlein	march 24, 1932 to march 24, 19
e 6	5. DATE OF BIRTH (month, day, end year) 1118 5 1879	Hast saw h. M. alive on March 24, 19.32; death
lica 7	AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 10 30 Pm.
certificate	52 9 19 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Complete heart block 3:
K O	f A Industry of husiness in which	•
back	work wes done, as SILK MILL, Aug Store	
uo Jo	10. Date deceased last worked et this occupation (month and spant in this	
instructions	year) occupation	Other Contributory Causes of importance:
ı cti	IZ. BIRTHPLACE (city or town) (State or country)	Coronary Thronboois and
stri		
	13. HAME TABLES	
See	(State or country)	Name of operation
it.	15. MAIDEN NAME PRIOR TO COLOR	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
lod I	(State or Country)	Where did injury occur?
very in	17. INFORMANT And Stark and Mid	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
S	Place I was the lay Date May 16, 19.3.2	Manner of Injury
TION	19. UNDERTAKER Laura Steward (Address) Cumbrilana Ma	24. Wes disease or injury In any way related to occupation of deceased?
	20. FILEDRICKS6 1972 Hamen / hotel	(Signed) Jy . U. K) annung

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County allegany	Registration Dist. No.
Village or City demokes and	No. St., W. If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurrent	os 6ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Les IT alique	
(a) Residence: No. 451 Braddork 9000	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH parch. 3310, 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased
11 - 20 (0)	- 18 14. 1932, to their 2010, 19 0
6. DATE OF BIRTH (month, day, and year) Obcularcy 22 1903 7. AGE Years Months Days It LESS than	I last saw have alive on 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Signatura Signatura
9 Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
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2 1 1	Other Contributary Couses of importance:
12. BIRTHPLACE (city or town) Dural and (State or country) Marsland	della salymons posses of
13. NAME Was Henry 17:	- Garanas
13. NAME Was Henry Slein 14. BIRTHPLACE (city or town). Grandle and	Name of operation Approved to the Date of 3/18/
(State or country) markand	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Elizabeth dimith	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Bunkuland	Accident, suicide, or homicide? Date of injury19
E (State or country) masyland	Where did injury occur?
17. INFORMANT Sked Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) formbuland maryla	
18. BURIAL, CREMATION, OR REMOVAL Place Legman Benefical Mar 26 19 3	Manner of injury
Place Telman Wennied MARY 26 1933	Tradute of injury
19. UNDERTAKER James Oligan Conditions	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20 FILE Mad 25 1932 Hanay (hora)	(Signed) Julies & h. heavy

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT OCCI pluods Registration Dist. No. Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth? statement Length of residence in citator town where death occurred RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State xact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (white the world) (Month) 5a. If married, widowed, or divorced O HUSBAND of HEREBY/CERTIFY, That, I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LES than to have occurred on the date stated above, at, The PRINCIPAL CAUSE OF DEATH and related causes of Importance 01.4 Smin. 8. Trade, profession, or particular TION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... may back Industry or business in which should OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc..... Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and year) _ occupation instructions 12. BIRTHPLACE (city or town (State or country terms, FATHER 13. NAME 14. BIRTHPLACE (city or town Name of speration efully. (State or country) What test confirmed diagnosis? ---- Was there an autopsy?----7 MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19___ 16. BIRTHPLACE (city or tow (State or country Where did injury occur?_____ OF DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, should (Address) 18. BURIAL, CREMATION, OF REMON S Manner of injury Nature of injury. TION Was disease or injury in any way related to occupation of deceased (Address) If so, specify (Signed)_4 Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Year)

(Day)

MARGIN RESERVED

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BUREAU V.S.

APR 2 1932

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should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement

or the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Gallstones	2261,1 ynM	ะมีรายเกองกาลกร้า	I year
Other contributory causes of importance:		Other contributory causes of importance:	
Cerebral hemorrhage	7201, dylul	Perdonitis	obv slivp g
Chronic interstilial nephritis	1261	Run over dis street car	I meek ago
Arterioselerosis	2161	Allack of epilepsy	opp sisser i
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Example I		Example II	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis App 6 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BUR AU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH

V. S. No. 1

ż

STATE OF MARYLAND—CERTIFICATE OF

DEA	Н	U	2	3	9	1

County	Allegany	WITHIN	CORPORATE Registration Dist. No. 4	
Village or	City Cumber	land. Md	No. 507 Decatur St	Ward
			If death occurred in a hospital or institution, give its NAME instead of street and numb	oet)
Length of r	esidence In city or town where	death occurredyrsmo	s. ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL N	AME STULL	sorn su	arhivelder.	
(a) Resid	ence: No. 501 A	Heatur	St. 4 Ward.	
		(Usual place of abode)	If nonresident give city or town and State	e
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH March 3 (Month) (Day)	3 2
5a. If married, wid HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended dece	
6. DATE OF BIRT	H (month, day, and year)	arch 3, 1932	1 last saw h 1 M 400 of March 3, 1932; de	19.3.2 ath is said
7. AGE	rears Months	Days If LESS than	to have occurred on the date stated above, at	
	Still	l day,hrs.	mera as follows:	
8. Trade, pro	ofession, or particular		Stellbonn	te of onset
Kind o SAWY 9. Industry o work o SAW h 10. Date dece	f work done, as SPINNER, ER, BOOKKEEPER, etc	••••••		
9. Industry o	or business in which was done, as SILK MILL.			
SAWN	MILL, BANK, etc	1		
	eased last worked at cupation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE	(city or town)N	(d.	Other Contributory Causes of importance:	
(State or co		R. Swartzwelder		
13. NAME	OHAT TAB 1	r. Dwar gamerder		
1.	CE (city or town)	Pa.	Name of operation Date of	
(State	or country)	7	What test confirmed diagnosis?	sy?
15. MAIDEN	NAME Catherine	Leckemby	23. If death was due to external causes (VIOLENCE) fill In also the following:	
15. MAIDEN I	CE (city or town)	Md.	Accident, suicide, or homicide? Date of injury	, 19
∑ (State	or country)		Where did injury occur?	
17. INFORMANT (Address)		es Swartzwelder rland. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	ATION, OR REMOVAL	41 4 3070	Manner of injury	
Place_R.C	se Hill W	Date Mar. 4. 19192	- Nature of injury	
19. UNDERTAKER (Address)	John.C.Wol	ford Land. Må	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED MC	L. 3,1032, H	awey lt-Weis	(Signed) S. L. D. Sant S.	M. D.
	16		(1001000)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

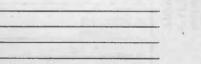
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
At the Victorian		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis *	1 year
			1



should state RECORD. Every item of inforof OCCUPA-AGE should be stated EXACTLY. PHYSICIANS Exact statement properly classified. WITH UNFADING INK-THIS IS A PERMANE. FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

V. S. No. 1

	County	Cumber	lend If			Registration 07 Decatur	Dist. No.	4
	Village or City	Cumber	Lillu .	(Ji	death occurred in a horpital		E instead of street as	Ward number)
2.	Length of residence in cit			Swartzwel	der How long in	U.S. if of foreign birth?	yrs	_mosds
	(a) Residence: No	Comper	(Usual place	or shade)	St.,Ward.	If nonresident	give city or town	and State
	PERSONAL AN	D STATIST			MEDIC	AL CERTIFICATE		
3. SE		R OR RACE		RRIED, WIOOWED, ED (write the word)	21. DATE OF DE	er 2	5.1932	, 193
5a. If	married, widowed, or divo	rced				(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of				744	EBY CERTIF		
. D.A	TE OF BIRTH (month, day	and year)	War 2.	1932	I last saw h. / M. aliv			Z; death is said
7. AG		Months	0ays 23	If LESS than I day,hrs.		ate stated above, at	30 .m.m	Date of onset
OCCUPAT	8. Trade, profession, or pakind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, of this occupation (moyear)	which SILK MILL, stcked at nth and	Sp	time (years) ent in this cupation	Other Contributory Couse			
12. B	IRTHPLACE (city or town) (State or country)				or esth frh	quest vistit	7	
I E	I3. NAME	arley	Swartz	welder	7	er so vices		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)	Pa			nosis?		
MOTH	15. MAIOEN NAME 16. BIRTHPLACE (city or to (State or country) Char NFORMANT (Address)		can. Led	er	23. If death was due to ext Accident, suicide, or hom Where did injury occur?	ernel causes (VIOLENCE) f	Town, county and	ving:
	URIAL, CREMATION, OR F	REMOVAL 1111	Oate 1	26.703	Manner of injury			
18. B	Tiace							

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 APR 6	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURLAU V. S.	July 5, 1927	Peritonitis	3 days ago
L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged-10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECRIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Corebral hemorrhage	APR 8 1020	July 5,1927	Perilonilis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

	4
-	
No.	
S.	
>	

	1. PLACE OF DEATH HIN CORPORATE LIMITS County allegang	Registration Dist. No.
	Village or City Burnherland McC	No. S 12 St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?mos
	2. FULL NAME Pharles It Thager	
	(a) Residence: No. 3/2 Baltimore and (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Ella Wheeles	22.2 - 1- HEREBY CERTIFY. That I attended deceased from 10 1 3 - 23 - 1982
te.	6. DATE OF BIRTH (month, day, and year) Mar 11 1867	I last saw harmalive on 3- 3-32-, 19. 4; death is s
certificate	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at ##m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
erti	76 Ju 0 11 or min.	were & follows: Date of ons
of c	8. Trade, profession, or particular kind of work done, as SPINNER R. R. Employees	displace targeties
back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
ou	O 10. Oate deceased last worked at this occupation (month and spent in this occupation)	
		Other Contributory Causes of importance
4	12. BIRTHPLACE (city or town) (State or country)	Hypotalex Newworks
men actions		
	13. NAME Stephen Thay 14. BIRTHPLACE (city or town)	Name of operation Dato of
See	(State or country) West Va	What test confirmed diagnosis? Latoralory Was there an autopsylve
nt.	15. MAIDEN NAME Referra Mileary 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
rta	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19
important	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT Mus Elfa Mayer,	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
. S.	Place Kose Hill Oate Mar 26, 1932	Nature of injury
TION	g . H 9	24. Was disease or injury in any way related to occupation of deceased?
E	19. UNDERTAKER Common Stern St	If so, specify
	mullenges werten a 1/1/2	(Signed) Summers M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A-K	July 5,1927	Peritonitis	3 days ago
	TONELLO V.S.		•	
Other contributory cau			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. 8. No. 1

NT RECORD. Every item of infor-	LY. PHYSICIANS should state	4. Exact statement of OCCUPA-	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. B	m	C	T

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	J30 312401
County allegany	Registration Dist. No.
Village or City Freetheles	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine Way	
	04
(a) Residence: No. 3 4 W. 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jense 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 14, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from anoth 7 1932 to March 141932
6. DATE OF BIRTH (month, day, end year) Dec 22 - 1864	I last saw h elive on mach 13, 1937; death Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 10 h, m.
67 3 2-3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Chronic nephritis
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Stractorille (State or country)	Other Contributory Causes of importance:
13. NAME Henry Wagner 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Margarille Wagner 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State)
17. INFORMANT Aleny Vogel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER (Address) The Place of the P	Nature of Injury 24. Was disease or Injury In any way releted to occupation of deceased? 70 o If so, specify (Signed) A R Washington M. D
20. FILED. 1932 Registrar.	(Address) Frosthing md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
llstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of inforproperly classified. WITH UNFADING INK-THIS IS A PERMANE. TION is very important. See instructions on back of certificate. MARGIN RESERVED pe mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE PLA

FOR BINDIN

S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9
1. PLACE OF DEATH	(h.C)	~
County allegany	Registration Dist. No.	
Village or City Sumber Cons	No. 2 5 St., 6 2 death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death occurredyrsmos.		ds.
2. FULL NAME George. Wagner		
(a) Residence: No. Q/5 Race St	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	5 5
In OR DIVORCED (write the word)	March 20 193	Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended decease	ed from
1 2 18 18 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	I last saw h alive on Much 25, 1937; deat	h is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6m.	
67 7 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, RANGE SAWYER, BOOKKEEPER, etc RANGE SAWYER, BOOKKEEPER, etc	n n	igh.
Industry or business in which	orpleum 11/ 18	5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	1	432
10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME 14. BIRTHPLACE (city or town) (State or country)		
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	w?
	What test confirmed diagnosis? Was there an autops: 23. If death was due to external causes (VIOLENCE) fill in also the following:	J:
H /	Accident, suicide, or homicide?	19
O 16. BIRTHPLACE (city or town)	Where did injury occur?	
17. INFORMANT Jester Wagnon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Commey Wate Apr 271932	Nature of injury	
1 Chirol food	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER (Address)	If so, specify	
20 FILED Leave 182 Hours 1000	(Signed) WS Bound	M. D
Registrar.	(Address) 38 L	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year



MARGIN RESERVED FOR BINDIN

V. S. No. 1

DR.

1.	14	à	11	1)	
U	4	52	(J	()	

1. PLACE OF DEATH	HIN CORF	CRATE LIN	ALTS PEA
County ALLEGANY,			Registration Dist. No.
			No. MEMORIAL HOSPITAL St., 6-2 Ward death occurred in a horpital or institution, give its NAME instead of street and number) 7 ds. How long in U.S. if of foreign birth?
2. FULL NAME STANLEY	WEASENE	ORTH.	
(a) Residence: No. McCOOL			St., Ward. McCoole, wd
PERSONAL AND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE WHITE	5. SINGLE, MARR OR DIVORCED	SINGLE	21. DATE OF DEATH NARCH 25, (Dey) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, Thet I attended decessed from 22. March 9 1932 to March 25 1932
6. DATE OF BIRTH (month, dey, and yeer) MA	RCH 16.	1921.	I last sew house elive on March 35, 1932; deeth is said
7. AGE Years Months	Deys 9	If LESS than 1 dey,hrs. ormin,	to heve occurred on the dete stated above, at \$\sum_{-30}/m\$. The PRINCIPAL CAUSE OF DEATH and releted causes of importance wera as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, STUDENT SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spent in this spent in this			Turitanilo
10. Date deceased lest worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation occupation			Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country) MARYI	AND.		Shot mond 2 atama
13. NAME CHARLES WES	SENFORT	CH.	Ocendendal Sept of
14. BIRTHPLACE (city or town)	TRGINIA		Nama of operation A a low J Deta of What test confirmed diagnosis? Was there en autopsy? 20
15. MAIDEN NAME ELLEN LI	LLER,		23. If deeth wes dua to axternel ceuses (VIOLENCE) fill In elso tha following:
15. MAIDEN NAME ELLEN LILLER, 16. BIRTHPLACE (city or town) (Steta or country) WEST VIRGINIA,			Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL. (Address) MEMORIAL HOSPITAL.			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place McCool, wol Detallar 28, 197.			Mannar of injuryNature of injury
19. UNDERTAKER ML Rogers (Address) Kuysur W Wai			24. Wes disease or Injury In any wey releted to occupation of deceesed? If so, specify
20. FILED Mah 26, 193 × 17am	may (h	Registrar.	(Signed) / 1 4' fttlet f M. D. (Address) Limiture of M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

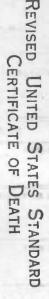
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li li	Example II	
The principal cause of importance were Arterioselerosis	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 9 1984	July 5,1927	Peritonitis	3 days ago
	BURRAU V.S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hack of certificate NENT RECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PER V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County allegany	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Thuchester Bridge (No. 2FULL NAME Barbara Col	St.: Ward) (If death occurred In a hospital or institution, give Its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH March 15, 1935
March, 10, 1875 (Month) (Day) (Year)	that I last saw h & alive on March 5 1982
7 AGE If LESS that I day hre I day	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Jose Tolle
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 10 yrs. mos. — de.
9 BIRTHPLACE (State or country) Pennaylvania 10 NAME OF	Secondary (Durstion) 10 yrs mos ds. (Signed) Q(1, Worker M. D.
FATHER 11 BIRTHPLACE	- March 15 198 Y (Address) Trosthing Ind
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sursan Miller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
State or country)	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) William Wilkins	Former or usual residence
(Address) Gumbuland Md P.D. Box 37	Lopewell Pa March 19, 19 32
Filed 15 1932 N.OMC and Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS MA
If more blanks are needed, address State Registre	ar, 16 V. Saratoga St., Bato., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Locomotive engineer, (6) Grocery

Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); s; inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro-II ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same accept-

> "'Inanition," ''Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "on he ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemic" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular heart Nomenclature The contributory disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and a'l questions

STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH 131 Registration Dist. No. If death occurred h a hospital or institution. EXACTLY. give its NAME instead of street and number.] RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH stated MARRIED MIDOWED OR DIVORCED (Month) (Day) (Year) 6 DATE OF BIRTH 0 should pe (Day) 10 7 AGE If LESS than may and that death occurred on the date stated above 1 day, hrs. G The CAUSE OF DEATH * was as follows: OR mla. ? pplied. OCCUPATION 0 (a) Trade, profession, or ons particular kind of work (b) General nature of industry business, or establishment in which employed (or employer 9 BIRTHPLACE caret (State or country) C Se 10 NAME OF 2 FATHER pino I RENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. PA OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN BIRTHPLACE At place in the OF MOTHER (State or country) of inf CA State CA Where was disease contracted, 14 THE ABOVE IS If not at place of death? Former or item monat residence should s PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gennus and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illuess. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the accupation has been changed engaged in domestic service for wages, as Servant. Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Househeepers precise specification as Day laborer. Form laborer, Laborer "Foreman." "Manager," "Dealer." mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. applies to each and every person, irrespective of age ness of various pursuits can be known. first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, For persons who have no occupation whatever The material worked on may form part Architect, Never return "Laborer." Locomolive engineer. (a) Spinner, (b) Collon But in many cases. etc., without more The question (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent beaths birth or miscarriage as "Publiperal septicharmia," mus, "Heart failure," "He emorrhage," "luanition," "Marasgenital," "Senile," etc.), "Propsy," lapse," "Coma," "Convulsions," "Debility" ("Con-"Annemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. nepharles, etc. cough; Chronar natural heart disease; Chronic interstition Struck by railway "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Tumor" for malignant neoplasms); Meastes, Whooping Nomenclature of the American Medical Association.) statement of cause of death approved by Committee " "Old Age," Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Shock." train-accident; Revolver "Uracmia," "Weakness." State cause for which Never report mere "Atrophy." (Recommendations "Exhaustion." punom Bron-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. RECORD. Every stated EXACTLY. properly classified. AGE should be

PHYSICIANS should state Exact statement of OCCUPA. item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be should-be carefully supplied. TION is very important. mation

MARGIN RESERVED FOR BINDING

V. S. No. 1

1 DI ACE OF DEATH	Registration Dist. No.
Village or City	No
(a) Residence: No. 2-18 (Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, Wildows (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar 5 1932 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY That Dettended deceased from 1932, to Men 1 1932
6. DATE OF BIRTH (month, day, and year) Mar 5 1932	I last saw har I alive on Miles 1 0 1, 1932, death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 12.02 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Cleghypsee
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town)(State or country)	Other Contributory Comes of Importance:
3. NAME Geo.W.Williams	fraces my cours
13. NAME Geo.W.Williams 14. BIRTHPLACE (city or town) Don't Know (Stata or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dorothy Ballow 16. BIRTHPLACE (city or town) (Stata or counity)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Milton. Teston. (Address) Sumberland. Id	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Rose Hill Company Oate Mar 7.1972	Manner of injury
19. UNDERTAKER John . C. Wolford (Address) 70 7 22 7 4	24. Was diseasa or injury In any way ralated to occupation of deceased? If so, specify (Signed) M. D.
20. FILEO L. Ch. 1936 Have A. Registrar.	(Address) Offeren Concel Mills

Quellos and Mill If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

EXACTLY.

stated

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	.,	0,	-,	
U	U	3	1	

1. PLACE OF DEATH	3
County_Allegany	Registration Dist. No. 9
Village or City Frostburg, R.D.	No. W. Main St., Extended St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,	(if death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillborn Workman	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX unknown 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) March 3, 1932 7. AGE Years Months Days If LESS to	I last saw h
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related pauses of importance
8. Trade, profession, or particular	Data of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	STILLBORN
S. Hade, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of Importance:
13. NAME Clarence O., Workman	
13. NAME Clarence O. Workman 14. BIRTHPLACE (city or town) (State or country) Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Date of Was there an autopsy?
# 15. MAIDEN NAME Margaret L. Smouse	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret L. Smouse 16. BIRTHPLACE (city or town) (State or country) Md.	Accident, suicide, or homicide?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate	
19. UNDERTAKER(Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED	(Signed) M. D.
	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of Importance:	1 year

CALLED ALEXA	1 1
Er.	AINLY. WITH UNFADING INK-THIS IS

S. No.

WITHIN CORPORATE LIMITS 1. PLACE OF DEATH plnods County ALLEGANY. Registration Dist. No. CUMBERLAND MD. Village or City__ (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence In city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME NENT RECORD. (a) Residence: No. 35 (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) WHITE MARCH (Month) (Year) classified 5a. If marriad, widowad, or divorced HUSBAND of 22, I HEREBY CERTIFY. That I attended deceased from (or) WIFE of ~ × E 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years If LESS than Months Oavs to have occurred on the date stated above, at_____m. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. wara as follows: Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... pe jo 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc._____ may back so that it no 10. Date deceased last worked at 11. Total time (years) this occupation (month and occupation ... instructions Other Contributory Causes of importance: I2. BIRTHPLACE (city or town)_ (State or country) in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) CAROLINA (Stata or country) Wes there an autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accidant, suicide, or homicide?_____ Date of Injury_____ 19____ 16. BIRTHPLACE (city or town) WEST VIRGINIA. (State or country) (Specify city or town, county and State) MEMORIAL HOSPITAL Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT shoul CUMBERLAND OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation Natura of injury 24. Was disaasa or injury In any way related to occupation of decaasad? 19 ILNOFRTAKER (Addrass) If so, spacify (Signed) Registrar. (Addrass) ___ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. DR. F. WILSON

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Outuborto	11149 1,1000	Atom Control and	2 3007